Affix Recent Passport size Photo

SRI SANKARADEVA NETHRALAYA

(HOSPITAL AND POSTGRADUATE INSTITUTE OF SRI KANCHI SANKARA HEALTH AND EDUCATIONAL FOUNDATION)

APPLICATION FORM FOR ADMISSION: DIPLOMA IN PARAMEDICAL OPHTHALMIC ASSISTANT AND OPHTHALMIC NURSINGAFFILIATED TO SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES, GUWAHATI, ASSAM

ame of t	the app	licant	t in Bl	ock le	etters	s (in E	nglisl	h)											
ther's/	Husban	d's na	ame																
other's	name																		
Add	dress: I	. Pres	ent:																_
															=				
																			_
																			_
PIN Code E-Mail ID:												_							
Phone with STD Code: Mobile:																			
					JL							J (_'	VIODI	ie.					_
Con	nmunic	ation	Addı	ess:															_
																			=
																			_
PIN Co	ode									E-N	⁄Iail II	D:							_ _
Phone with STD Code: Mobile:																			
Sex: M F Date of Birth: DD: MM: YY: Nationality:											_ _								
Religion: SC/ST/OBC [Documents to be furnished]:																			
Marita	al Statu	s:						Reli	gion:										
Pa	ayment	Deta	ils		Р	articu	ılars c	of Der	mand	Draft	:				 		 	 	
	DD. NO	:) (Rs.							`
Date: Bank																			

Note: The candid	date should write	his/her name	and Roll No	of last Exa	n appeared (on the revers	e of the dema	and					
Name of the School/	' College last a	ttended											
Name of the Exami	unation.												
Name of the Exami	nation												
Roll No		Reg	g. No. Year of Passing:										
/larks obtained in H	.S/Equivalent	Examination	1										
Subject	Phys	ics	Cher	mistry	Bio	ology	Eng.	%	Div				
	Theo	Prac	Theo	Prac	Theo	Prac							
Full Marks													
Marks obtained													
anguage Proficiency	<u></u>												
				ead		Write							
nowledge of English	n: Speak					Wille							
do hereby declare the facts is detected,						-	_	-	-				
r racts is detected, istitution.	i silali lorter	t my claim	io a seai	iii tile iiis	ditution. I	i aumitteu	, i Silali al	dide by the	rules of the				
lace –													
					(0)								
Pate –					(Signa	ture of the	Applicant	in full)					
		Dec	claration o	of the Pare	nt/Guardi	an							
parent/guardian of													
f he/she being admi ollege dues and regi					-			_					
uthority decides tha						-		itution, ii tii	e concerned				
ace-													
oate-				Sian	ature of th	ne Parent/0	Guardian ii	n full					
				[Jigii	acare of th	is i dienij(Jaaralaii II	. junj					



For Official Use Only

Note: Self attested photocopies of the following should be enclosed with the application form

- 1. HSLC Certificate (10)
- 2. HSSLC Certificate (10+2)
- 3. Passport size photograph(2 copies)
- 4. Payment of fees can be made through cash/DD
- 5. Demand Draft should be in the name of "Sri Sankaradeva Nethralaya" payable at Guwahati.
- 6. Copy of PRC
- 7. Caste certificate
- 8. Common Entrance Exam (CEE) Marksheet

Filled in application form with enclosures to be forwarded to:

CONVENOR, PARAMEDICAL EDUCATION COUNCIL Sri Sankaradeva Nethralaya 96, Basistha Road Guwahati – 781028 Assam, INDIA

Senior Academic Coordinator (Sri Sankaradeva Nethralav	a. 96 Reltola Rasistha Road	Guwahati -28 As	cam
Signature with Seal:			
Documents Verified:			
Payment Received :			
Date of Receipt of Complete Application:			
Name of the Applicant:	Roll No:		