

Admission Form

Course name: Certificate in Ophthalmic Dispensing

Photograph

Name :

(S U R N A M E)

(N A M E)

(M I D D L E N A M E)

Address :

Ph no : _____

Mob. _____

Email : _____

Name of the firm : _____

Establishment year : _____

Address : _____

Experience : _____ Years.

About Firm : _____

Services offered: _____

Staff : _____

Instruments : _____

- Would you like to attend final exam and certification at college: Y / N
- Would you like to enroll your staff for skill improvement courses I.E.,
O P T I C A L , S A L E S M A N A G E M E N T E T C . : Yes / No.

Payment Detail : (PLEASE SEND YOUR PAYMENT FEES IN NAME OF Indian Institute of Paramedical Sciences , payable at Nashik.)

Bank Name :

Branch :

City / Town :

D.D. / Cheque No :

Signature of the applicant.

**Date:
Place:**