

Section 4 :- Training Details (If any)

Couse Name\Training Name.: _____

Institute Name : _____

Training Duration From : _____ To. _____

Training Details (Any Other details) : _____

Subject Names :	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____

Section 5 :- Certification Scope

CDO : This scheme is defined for Assessing the existing skill sets under recognition of prior skill for currently working Ophthalmic or dispensing opticians henceforth to be called "Optician.

OCM : Career in Eye Care Retail sector. Product consultant,Opticalsalesman, spectacle fitting,showroom assistant/manager

Refractionist Can assist the Ophthalmologist by doing preliminary examination (i.e. History taking, visualacuity testing), Refraction and accurate dispensing of Spectacles.

I hereby understood the scope of this certification & assessment,I am applying to & I agree to comply with the requirment & limitation of the scope.

Signature of Applicant : _____

Section 6 :- Declaration

<p>I here by agree to comply with certification requirment & to furnish any information required for assessment.</p> <p>Accomodation required (For Special need) : Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signature of Applicant : _____</p>	<p>Supporting Documents (Self Attested)</p> <table border="1" style="width: 100%;"> <tr><td>1.Passport size Photo-02</td><td style="width: 30px;">_____</td></tr> <tr><td>2. Adhar card (Xerox Copy)</td><td>_____</td></tr> <tr><td>3.10th /12th Marksheet /L.C (Xerox copy)</td><td>_____</td></tr> <tr><td>4.Training completion letter/Bonified cert.</td><td>_____</td></tr> <tr><td>5.Certified Person Agreement on Stamp Paper with Notory</td><td>_____</td></tr> <tr><td>6.Experience Letter (Original)</td><td>_____</td></tr> </table>	1.Passport size Photo-02	_____	2. Adhar card (Xerox Copy)	_____	3.10th /12th Marksheet /L.C (Xerox copy)	_____	4.Training completion letter/Bonified cert.	_____	5.Certified Person Agreement on Stamp Paper with Notory	_____	6.Experience Letter (Original)	_____
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Section 6 :- Payment Details

Total Fees:- _____ Paid Fees:- _____ Date & Time of Payment _____

Bank Name:- _____ Branch :- _____ City : _____

Mode of Payment: Online Cheque No. of Cheque _____

\DD\UTR\IMPS\CAM ID _____

Section 7 :- Only for Office Use

Comments : _____

Verify By : _____ Verification Date : _____

Verify By Sign.: _____