

Indian Institute of Paramedical Sciences

Chowk No.3, Near MSEB sub Station, Govind Nagar, Mumbai- Agra highway, Nashik - 422009

						olication Fo	rm					_				
Date				Scheme Name :										Passport		
Seria	al No			1										Size Photograph		
PRN	No													ot Staple)		
Secti	Section 1 :- Student Details OR Personal Details															
							1				1			1		
Stude	ent Name															
.t. =		First N	lame			Middle	Name				Si	urnar	ne			
*Req	uired Name on Certi	ficate														
 (as pe	er documents)			•												
Gende	ender M F			*Date of Birth: D D					М	1	Υ	Υ	Υ	Υ		
*Blood Group Email Address.:																
Mobile	ile No				Wh	Whatsapp No										
Alternate									1 1							
No.					haar Card No	ard No										
Firm	Establishment Year			Experience Month/Years					Education:							
Secti	ion 2 :-Address De	tails														
*Perment Address																
City District \ Taluka: State .: Pincode																
	n Name :															
*Con	nunication Address :															
City District \ Taluka: State .: Pincode																
City _.	[District \ Talul	ка:		State	e .:			_ PII	rcode	<u> </u>					
Secti	ion 3 :-Education a	and Experier	nce Details	5												
Sr.	r. Assessment Scheme I		cation	Tick In thi	s Sr.	Assessment Scheme		Experience				Tick	In this			
no	7.55e55inene 5enei	THE Edd		colum	no	71336331116	soment scheme		Experience				colum			
		0 t	0 to 5th						15-25 years of Exp.							
1	Certified dispensing Optician	6th	6th to 10th		1	1 Certified dispen Optician		sing		10-15 years of Exp.						
		10th	10th & above						1-3 years							
2	Optical Counter	Mir	Min.10th		2	Optical Counter			No Exp. Required							
_	Management		IVIIII. TUUI			Management	ent		TTO EXP. Nequired							
3	tefractionist 12th Sci		th Sci		3	Refractionist			No Exp. Required			_				
Note	e : Original Exper	rience lette	r is comp	ulsary,who	ere exp	perience is	requir	ed.								

Section 4 :- Training Details (If any)	
Couse Name\Training Name.:	
	Subject Names :
Institute Name :	1
	2
Training Duration From: To	3
	4
Training Details (Any Other details):	5
	6
	7 8
	9
	10
Section 5 :- Certification Scope	
working Ophthalmic or dispensing opticians hen	skill sets under recognition of prior skill for currently ceforth to be called "Optician.
assistant/manager	, i , i , i , i , i , i , i , i , i , i
Refractionist Can assist the Ophthalmologist by doing p visualacuity testing), Refraction and accurate	
I hereby understood the scope of this certification & assessment, requirment & limitation of the scope.	am applying to & I agree to comply with the
	of Applicant :
Section 6 :- Declaration	
I here by agree to comply with certification requirment & to furnish any information required for assessment.	Supporting Documents (Self Attested) 1.Passport size Photo-02
Accomodation required (For Special need) : Yes No	2. Adhar card (Xerox Copy)
	3.10th /12th Marksheet /L.C (Xerox
	copy) 4.Training completion
Signature of Applicant :	letter/Bonified cert.
	5.Certified Person Agreement on
	Stamp Paper with Notory
	6.Experience Letter (Original)
Section 6 :- Payment Details	
Total Fees:- Paid Fees:	Date & Time of Payment
Bank Name:- Branch :-	City :
Onlino I Choquo I I	Cheque MPS\CAM ID
Section 7 :- Only for Office Use	
Comments :	
Verify By : Verification Date	·
Verify By Sign.:	