

# College of Ophthalmology & Allied Vision Sciences, Lahore

King Edward Medical University/ Mayo Hospital Lahore Phone: (042) 99214821-22, Fax :( 042) 99214823

## **ADMISSION FORM FOR OPHTHALMIC TECHNICIAN**

(Session 2017-18)

Paste one passport size photograph **without** attestation

<b>Name of applicant:</b> (in block letters)	_____							
<b>Father's Name:</b> (in block letters)	_____							
<b>Date of Birth:</b>	<b>Date</b>	<b>Month</b>	<b>Year</b>					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>CNIC/B-Form Number</b> (NADRA):	<input type="text"/>							
<b>Domicile District:</b>	<b>Province:</b> _____							
<b>Permanent Home Address:</b>	_____ _____							
<b>Postal Address:</b>	_____ _____ _____							
<b>Mobile No:</b>	<input type="text"/>							
<b>Qualification:</b>		<b>Total Marks</b>	<b>Marks Obtained</b>	<b>Percent age</b>	<b>Marks Science Subjects</b>		<b>Aggregate Percentage Science Subjects</b>	
	<b>Matric</b>				Physics	<input type="text"/>		
					Chemistry	<input type="text"/>		
					Biology	<input type="text"/>		
					Total:	<input type="text"/>		
<b>FSc (Pre-Medical)</b> (Optional)								
<b>Signature of Applicant:</b> _____								
<b>Date:</b> _____								
<b>Attested copies of documents attached:</b> ( Please tick the relevant Box )								
<b>A. Compulsory:</b>								
i) Matric Certificate	<input type="checkbox"/>	ii) CNIC/ B-Form	<input type="checkbox"/>	iii) Domicile Certificate	<input type="checkbox"/>			
<b>B. Optional:</b>								
i) FSc Certificate	<input type="checkbox"/>	ii) Hafiz-e-Quran Certificate issued from government approved Madrassa				<input type="checkbox"/>		
iii) Disability certificate – from Govt Hospital (in case of any physical disability)	<input type="checkbox"/>					<input type="checkbox"/>		

I solemnly declare that the information given is true to the best of my knowledge & that I understand that if any of the information provided by me is found wrong at any stage of studies after admission to COAVS, my admission shall stand cancelled & I shall be liable to deposit all the expenditures incurred upon my studies by COAVS, along with any disciplinary action as imposed by the Principal of the College.

---

*(Signature of Applicant)*  
Date: \_\_\_\_\_

---

*(Signature of Father/ Guardian)*