

LAXMI COLLEGE OF OPTOMETRY
Balgram Maharashtra, Opp. Senior CKT College, Sec-11, Khanda Colony, New Panvel
(W)-410206, Tel: 9594986831/6829/4803

(PLEA Source of information about	Colour Photo			
1. Personal Informat	ion Section			
	Last Name	First Name	Middle Name	Annual Income
Name of the student				
Father's / Husband Name				
Mother's Name				
Date of Birth:		Marital Status: Category: Sub-caste:		
Permanent Address:				
Contact Detail: - Mobile No):		Phone No.:	

Email Address: _

2. Educational					
Name of Examination	Name of School/ College	Board /University	Year of Passing	Percentage	

(Attested copies of all Mark lists to be attached)

3. Guardian Information Section

Guardian name:	
Occupation:	Annual Income:
Contact no.:-Personal:	Office:
Email Address:	
Relationship with applicant:	

4.	Required Documents	
Sr. No	Name of document/certificate	Attached [yes/ no]
1	Passing Certificate of Std X/Statement of Marks	
2	Passing Certificate of Std XII/ Statement of Marks	
3	Leaving Certificate	
4	Domicile Certificate	
5	Caste Certificate (If Applicable)	
6	Caste Validity Certificate	
7	Non – Creamy layer Certificate (VJ, NT, OBC, SBC)	
8	Gap Certificate (If Applicable)	
9	Identity Proof (Aadhar Card)	
10	Passport size photographs (5 Photo copy)	
11	Application form written by Students	
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5. Declaration by applicant

I hereby declare that information filled by me in this form is accurate, true & complete to the best of my knowledge.

- 1. I have fully understood the yearly fee for all the years of course and I have understood and accept that I have to pay the yearly educational fee every year in the beginning of academic year without any excuse.
- 2. I have fully understood that this is private unaided college hence no concession of whatsoever type in any fee will be asked by me and my parents.
- 3. I will not claim for any caste-based incentive/subsidy/concession.
- 4. I have read all the rules and regulations mentioned in the prospectus and agree to it.

I further declare that the modification, alteration or change in any rules, regulations and programme made by the institute from time to time will be applicable to me. I promise to abide the same. All such changes will be acceptable to me.

Place :	
Date:	
Signature of the Candidate:	Signature of Parent: