

2017

Bachelor of Optometry

APPLICATION FORM



INSTITUTE OF OPHTHALMOLOGY JOSEPH EYE HOSPITAL

Post Box No.138, Melapudur
TIRUCHIRAPALLI – 620001, TamilNadu, South India

Phone: 0431-2460622 / 2462862

Fax: 0431-2415922

Website: www.josepheye.in

Email: jehtry@gmail.com

Bachelor of Optometry

ELIGIBILITY FOR ADMISSION:

- (a) Pass in HSC / CBSE / ISC or equivalent examination with
- i Physics, Chemistry, Botany and Zoology / Physics, Chemistry, Biology and Mathematics subjects taken together at the qualifying examination after a period of 12 years of study.
 - ii A pass in English with a minimum of 35% marks is mandatory for all categories for admission to the course.
- (b) A candidate shall, at the time of admission, submit to the Head of the Institution, a Certificate of Medical Fitness from an authorized Medical Officer certifying that the candidate is physically fit to undergo the academic course and does not suffer from any disability or contagious disease.

AGE LIMIT FOR ADMISSION:

Every candidate should have completed the age of 17 years as on 31st December of the year of admission.

ELIGIBILITY CERTIFICATE:

The candidates who have passed any qualifying examination other than the Higher Secondary Course examination conducted by the Government of Tamil Nadu shall obtain an Eligibility Certificate from the University by remitting the prescribed fees along with the filled in Application Form which can be downloaded from the University website (www.tnmmu.ac.in), Mark Sheet, Transfer Certificate and other relevant documents required by the University before seeking admission to any one of the affiliated Institutions.

DURATION OF THE COURSE:

The duration of the Bachelor of Optometry Degree course shall be three academic years and one year internship (4 yrs).

COMMENCEMENT OF THE COURSE:

The course shall commence ordinarily from August of the academic year.

MEDIUM OF INSTRUCTION:

English shall be the medium of instruction for all subjects of study and examinations will be conducted only in English.

CURRICULUM:

The Curriculum and the Syllabi for the course shall be as prescribed by the University from time to time.

ATTENDANCE REQUIRED FOR ADMISSION TO EXAMINATIONS:

- (a) No candidate shall be permitted to appear for the University examinations, unless he/she attends the course for the prescribed period and produces the necessary certificate of attendance and satisfactory conduct from the Head of the Institution.
- (b) Every candidate is required to put in a **minimum of 90% of attendance** both in theory and practical separately in each subject for admission to the examination.
- (c) A candidate lacking in the prescribed attendance in any subject in theory and /or practical shall not be admitted to the entire examination.

The fees structure is as follows:-

Bachelor in Optometry - 3 Years + 1 Year Internship				
Details	First Year	Second Year	Third Year	Internship 1 Year
Tuition/Course Fees (Rs.) ❖	51000	46000	46000	46000
Caution Deposit (Rs.)	1000	0		0
Library and Internet (Rs.)	1000	0		0
Laboratory Fees (Rs.)	2000	0		0
Stationery (Rs.)	2000	2000	2000	0
Project(Rs.)	0	0	5000	0
Boarding & Lodging (Rs.4000/- x 12 months.) ❖❖	48000	48000	48000	48000
Total (Rs.)	99, 000	90,000	95,000	88, 000

- Note: ❖ Tuition/Course fee is subject to revision
❖❖ Boarding (Rs.3400/month) and Lodging (Rs.600/month) is subject to revision
❖❖❖ **Expenses for generator used will be collected separately based on the utilization and maintenance.**

Examination fees (as prescribed by the university every year) will have to be paid separately before each examination every year.

Uniform: Boys - White Pant & white shirt and black shoes. Jeans and designed shirts/ T-shirts are not allowed

Girls: White Salwarkameez with white Dhuppatta and black cut shoes. Hair should be put-up with black clip. Flowers and gold ornaments are not allowed

Electronic gadgets (cellphones, tab, notepad etc) are prohibited in the classrooms and hospital premises. If found, spot fine will be levied and the gadget will be confiscated.

Dates to remember:

Last date for submission of application : 15.08.2017

Cost of Application & processing fee Rs.1000/- either by Cash or DD in favour of “INSTITUTE OF OPHTHALMOLOGY, JOSEPH EYE HOSPITAL” payable at “Tiruchirappalli”.

Submission of filled-in application:

Duly filled in application along with Xerox copy of the required certificates and application fee should be submitted either by post or in person to

**THE ASSISTANT REGISTRAR
INSTITUTE OF OPHTHALMOLOGY
JOSEPH EYE HOSPITAL
Post Box No.138, Melapudur
TIRUCHIRAPALLI – 620001, TamilNadu,
South India**

Office use only:

Application No:

**Application fee particulars:
Rs.1000/-**

Cash / DD No:

Bank:

Amount:

Date:

**Application received
Dated:**

**INSTITUTE OF OPHTHALMOLOGY,
Joseph Eye Hospital, Tiruchirapalli - 620001**

Bachelor of Optometry Degree Course – 2017
Application Form

Instructions:

- Write in **CAPITAL LETTERS** only
- Fill the form carefully with own handwriting

Name of the Candidate: _____

Initials: _____

Expansion of Initials: _____

Name in Tamil: _____

Gender: Male / Female Date of Birth: __ / __ / ____ (DD/MM/YEAR)

Father's Name _____ Mother's Name: _____

Nationality: _____ Religion : _____

Community: _____

Community Certificate Details

Certificate No	Issued By	Taluk:	Date:
_____	_____	_____	_____

Blood Group: _____ Willingness to Donate Blood: Yes / No

Permanent Address: _____

Pincode: _____ District: _____ State: _____

Telephone &
Landline with STD Code: _____

Mobile : _____ E-Mail: _____ @ _____

Educational Qualification:

Exam Passed	Board	School	Place	District	State

Duration(Years)	Register No.	Month & Year of Passing	T.C. No	T.C. Date of Issue

Marks Obtained *

Subject

Subjects	English	Physics	Chemistry	Botany	Zoology	Biology	Maths	Others
Marks Obtained								
Maximum Marks								

Aggregate:

School Relieving Date

Eligibility Certificate obtained: Yes / No

Hostel Accommodation required: Yes / No

DECLARATION BY THE CANDIDATE

I _____ do hereby solemnly and sincerely affirm that the statement made and information furnished in my application and also in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished thereto is untrue in material particulars, I realize that I am liable for criminal prosecution besides forgoing my seat in the Institute at any stage.

Signature of Parent/Guardian

Signature of the Candidate

Station: _____

Date: _____

CONSENT FOR PERIPHERY POSTING

I----- parent/guardian of ----- understand that as per the curriculum of the course, during internship period my ward will be posted for one month continuous training at one of the periphery units of Joseph Eye Hospital, Trichy which are located at ARIYALUR, VIRUDHUNAGAR, PERAMBALUR, MANAPARAI, KARUR and TIRUPPATHUR on a rotatory basis for community optometry training. I assure you that I will bear the expenses for transport, boarding and lodging during the training period wherever he/she is posted. I hereby give my consent for the training arrangement without any hesitation.

Date:

Signature of Parent/Guardian

Place:

Name:

Signature of Candidate

CHECKLIST FOR ENCLOSURES

(All the Xerox copies (3 copies each) of the certificates should be attested by a Gazetted Officer and if selected, original certificates along with attested Xerox copies should be submitted at the time of admission)

1. 10th Standard Mark List
 2. + 2 Mark List (3 copies) ❖
 3. Transfer Certificate
 4. Community Certificate
 5. Extracurricular activities
 6. Migration certificate for other state candidates
 7. Eligibility Certificate for other state candidates to be obtained from The Tamilnadu Dr.MGR Medical University, Chennai before admission
 8. Passport Size Photograph (2 Nos.)
- ❖ **HSC Mark sheet will be sent for verification with the Directorate of Government Examinations, Chennai**