



**SINDH INSTITUTE OF OPHTHALMOLOGY & VISUAL SCIENCES**  
**SCHOOL OF OPTOMETRY (SIOVS), HYDERABAD**  
**@ Eye Hospital Journalist Colony, Hyderabad**  
**Phone: +92-22-9210351-2 (Ext: 144)**  
**Web: www.siovs.edu.pk, Email: dir.acd@siovs.edu.pk**



**APPLICATION FOR ADMISSION IN UNDERGRADUATE  
PROGRAM IN BS OPTOMETRY (5 YEARS DEGREE)  
(Session- FALL 2025)**

Photograph

**DATE**

Use Capital Letters only to fill the form.

**Challan/Draft/Pay Order No:**

**Dated:**

**CANDIDATE**

☐

**DISABLE  
CANDIDATE**

☐

**Name of Bank:**

(Please attach original bank draft/challan receipt)

**PERSONAL INFORMATION**

**Name:**

**Marital Status:**

**FATHER'S NAME:**

**HUSBAND'S NAME :( If applicable)**

**FATHER CNIC:**

**FATHER OCCUPATION:**

**TELEPHONE**

**NO: Area code**

**Contact# (1):**

**Mobile# (2):**

**Email:**

**DATE OF BIRTH:**

**NATIONALITY:**

**RELIGION:**

**DOMICILE:**

**BLOOD GROUP:**

**CNIC#:**

**Valid Up-to:**

**PASSPORT # for foreigners:**

**Valid Up-to:**

**ADDRESS**

**Date:**

**Candidate's Signature:**

ACADEMIC QUALIFICATION

(Attach attested photocopies of all certificates)

Examination Passed	Board	Year of Passing	Total Marks	Obtained Marks	Percentage	Grade / Division

SUBJECT-WISE MARKS IN INTERMEDIATE (PRE-MEDICAL)

Subject	Total Marks	Marks Obtained	Percentage
Physics			
Chemistry			
Biology			

LIST OF COURSES /WORKSHOPS/ CERTIFICATE ATTENDED (IF ANY)

(Attach additional sheet, if necessary)

<b>REFERENCES:</b>	
<b>Name of two reputed &amp; Responsible Persons</b>	
<b>REFERENCE-I</b>	<b>REFERENCE-II</b>
<b>Name:</b>	<b>Name:</b>
<b>Position:</b>	<b>Position:</b>
<b>Address:</b>	<b>Address:</b>
<b>Contact#:</b>	<b>Contact#:</b>
<b>Email</b>	<b>Email</b>

**DECLARATION**

I      Mr/Ms \_\_\_\_\_ S/D/W/O \_\_\_\_\_

bearing CNIC# \_\_\_\_\_ solemnly declare under oath that the information furnished in this application form is correct to the best of my knowledge. I further undertake that I shall abide all the rules & regulations of Undergraduate BS Optometry Program at School of Optometry SIOVS.

**Date:** \_\_\_\_\_

**CANDIDATE'S SIGNATURE**

Please read & follow the instruction before filling the applicant form.
<b>INSTRUCTIONS</b>
<ol style="list-style-type: none"><li>1. Please complete all the parts, (Incomplete form /short documents will not be entertained).</li><li>2. Attach Original Bank Draft/Pay Order for an amount of Rs.7000/- in favor of School of Optometry (SIOVS) Hyderabad, Sindh <b>Bank (0433-474138-1000)</b></li><li>3. Please write in CAPITAL &amp; use black ink.</li><li>4. Attach all attested photocopies of relevant documents.</li></ol>

## CHECK LIST OF DOCUMENTS

Please fill all the columns & tick ads appropriate.	Y	N
1. Original application form.	<input type="checkbox"/>	<input type="checkbox"/>
2. Original admit card, duly completed	<input type="checkbox"/>	<input type="checkbox"/>
3. Eight passport size recent photographs with white back ground.	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of Matriculation Certificate (SSC) or O-Level Equivalence Certificate by IBBC.	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of Matric Marks Certificate or O-Level Certificate.	<input type="checkbox"/>	<input type="checkbox"/>
6. Copy of HSC Pre-Medical Marks Certificate or A-Level Equivalence Certificate by IBCC and A-Level Certificate. (If available)	<input type="checkbox"/>	<input type="checkbox"/>
7. . Copy of Hafiz-e-Quran Certificate (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
8. Copy of Disability Certificate (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
9. Copy of candidate's Domicile Certificate & PRC	<input type="checkbox"/>	<input type="checkbox"/>
10. Copy of Domicile Certificate of father.	<input type="checkbox"/>	<input type="checkbox"/>
11. Copy of candidate's Permanent Residence Certificate (PRC-Form "C")	<input type="checkbox"/>	<input type="checkbox"/>
12. In case of father not alive, Copy of Death Certificate of father and Copy of Domicile & PRC of mother.	<input type="checkbox"/>	<input type="checkbox"/>
13. Copy of National Identity Card or "B" form (if candidate is below the age of 18 years)	<input type="checkbox"/>	<input type="checkbox"/>
14. Candidate applying under category of Overseas Pakistanis should submit proof of his/her father/mother working outside Pakistan.	<input type="checkbox"/>	<input type="checkbox"/>
15. Bank Challan/Bank Draft (Original) Challan/Draft/Pay Order No:Dated:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date:</b> _____	<b><u>Signature of Candidate</u></b>	

### FOR OFFICE USE ONLY

<b>Receipt No:</b> _____	<b>Seat No:</b> _____
<b>Documents: Complete/Incomplete</b> _____	<b>Eligible:</b> _____ <b>Not Eligible:</b> _____
<b>Part-I/Entry Test Marks:</b> _____	<b>Total Marks:</b> _____

**SLIP  
FOR ADMISSION IN  
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ACADEMIC SESSION FALL 2025**

Photograph

Seat No		Form No.	
Session		Venue	
Date		Time	
Name:			
S/O , D/O, W/O:		CNIC No:	
Signature of Candidate		Signature of the Incharge Academics(with seal)	

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<div><div><div>Name: _____</div><div>Address: _____</div><div>_____</div><div>_____</div><div>Contact# _____</div></div></div>	<div><div><div>Name: _____</div><div>Address: _____</div><div>_____</div><div>_____</div><div>Contact# _____</div></div></div>
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