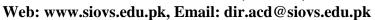


SINDH INSTITUTE OF OPHTHALMOLOGY &VISUAL SCIENCES SCHOOL OF OPTOMETRY (SIOVS), HYDERABAD

@ Eye Hospital Journalist Colony, Hyderabad Phone: +92-22-9210351-2 (Ext: 144)





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

Photograph

DATE	Use	Capital Letters o	nly to fill the for	m.
Challan/Draft/Pay Order No: D	ated:	CANDIDATE		ABLE DIDATE
Name of Bank: (Please attach original bank draft/challan r	eceipt)			
PERSONAL INFORMA	TION		•	
Name:			Marital Status:	
FATHER'S NAME:				
HUSBAND'S NAME :(If applicable)				
FATHER CNIC:				
FATHER OCCUPATION:				
TELEPHONE NO: Area code				
Contact# (1): Mobil	e# (2):		Email:	
DATE OF BIRTH:		NATIO	NALITY:	
RELIGION: DOM	ICILE:	BLOOD	GROUP:	
CNIC#:		Valid U _l	o-to:	
PASSPORT # for foreigners:		Valid U	o-to:	
ADDRESS				
Date:		Candida	ate'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)

REFRENCES: Name of two reputed & Responsible Persons		
REFRENCE-II Name: Position: Address: Contact#: Email		
_	Name: Position: Address: Contact#:	

DECLARATION

Ι	Mr/Ms	S/D/W/O
beari	ng CNIC#	solemnly declare under oath that
the ir	nformation furnished in this application form is cor	rect to the best of my knowledge. I further
unde	rtake that I shall abide all the rules & regulations	of Undergraduate BSOptometry Program
at Sc	hool of Optometry SIOVS.	
Date	:	CANDIDATE'S SIGNATURE

Please read & follow the instruction before filling the applicant form.

INSTRUCTIONS

- 1. Please complete all the parts, (Incomplete form/short documents will not be entertained).
- 2. Attach Original Bank Draft/Pay Order for an amount of Rs.7000/- in favor of School of Optometry (SIOVS) Hyderabad, Sindh **Bank** (0433-474138-1000)
- 3. Please write in CAPITAL & use black ink.
- 4. Attach all attested photocopies of relevant documents.

CHECK LIST OF DOCUMENTS			
Please fill all the columns & tick ads appropriate.		Υ	N
Original application form.			
2. Original admit card, duly completed			
3. Eight passport size recent photographs with whi	ite back ground.		
4. Copy of Matriculation Certificate (SSC) or O-L IBBC.	evel Equivalence Certificate by		
Copy of Matric Marks Certificate or O-Level C	Certificate.		
6. Copy of HSC Pre-Medical Marks Certificate or IBCC and A-Level Certificate. (If available)	A-Level Equivalence Certificate by		
7 Copy of Hafiz-e-Quran Certificate (if applicab	le).		
8. Copy of Disability Certificate (if applicable).			
9. Copy of candidate's Domicile Certificate & PRC			
10. Copy of Domicile Certificate of father.			
11. Copy of candidate's Permanent Residence Certificate (PRC-Form "C")			
12. In case of father not alive, Copy of Death Certificate of father and Copy of Domicile & PRC of mother.			
13. Copy of National Identity Card or "B" form (if candidate is below the age of 18 years)			
14. Candidate applying under category of Overseas Pakistanis should submit proof of his/her father/mother working outside Pakistan.			
15. Bank Challan/Bank Draft (Original) Challan/Draft/Pay Order No: Dated:			
Date: Signature of Candid		<u>date</u>	
FOR OFFICE USE ONLY			
Receipt No: Seat No:			_
Documents: Complete/Incomplete Eligible: Not Eligible:		igible:	
Part-I/Entry Test Marks: Total Marks:			_

SLIP FOR ADMISSION IN UNDERGRADUATE PROGRAM BS OPTOMETRY (5 YEARS) ACADEMIC SESSION FALL 2025

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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)	

SLIP FOR ADMISSION IN UNDERGRADUATE PROGRAM BS OPTOMETRY (5 YEARS) ACADEMIC SESSION FALL 2025

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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)	

Name:	Name:
Address:	Address:
Contact#	Contact#
Name:	Name:
Address:	Address:
Contact#	Contact#
Name:	Name:
Address:	Address:
Contact#	Contact#