SINDH INSTITUTE OF OPHTHALMOLOGY & VISUAL SCIENCES
SIOVS, HYDERABAD.

ADMISSION FORM

Attached Latest Photograph

Academic Year: _____ Session: _____

COURSE APPLIED FOR (✓TICK):

☐ **Ophthalmic Technician** ☐ **Refractionist Technician**

APPLICANT PERSONAL DETAIL:

Name in Full (In Capital Letters):_____

Name of Father/Guardian: _____

Father / Guardian Occupation: _____

Date of Birth: _____/_____/_____ Age (till _____): _____

Gender: Male ☐ Female ☐, Marital Status: Married ☐ Unmarried ☐, Religion: _____

C.N.I.C No: _____-_____-_____ Domicile: _____

Present Address (Mailing): _____

Permanent Address: _____

QUALIFICATIONS

Sr. No	Name of Examination	Name of Board/College/University	Passing Year	Marks/ Grade
01				
02				
03				
MENTION ANY PARAMEDICAL COURSESIF ATTENDED				

IMPORTANT INSTRUCTIONS:

1. Candidate should be passed Matric in Science (Biology, Physics, Chemistry are compulsory) with minimum 45% marks from any Educational Board of Sindh.
2. Age limit on 27/11/2025 upto 35years.

INSTRUCTIONS FOR APPLICANT FOR FILLING THE APPLICATION FORM

1. The application form is to be filled in by candidate in his/ her own handwriting (in capital letters).

2. Application must be accompanied with originals/ photocopies of the following documents:-

1) Original Bank Challan copy should be attached with the application form.
2) **Original Matric Certificate (at the time of Enrollment).**
3) Attested photocopy of Matric Certificate.
4) Attested photocopy of Matric Marks Certificate.
5) Character Certificate from Head Master / Principle / Head of Institute.
6) Four recent passport size photograph of applicant.
7) Attested photocopy of National Identify card/ B. Form.
8) Attested photocopy of Domicile.
9) Permanent Residence Certificate/ C. Form.
10) Declaration by the applicant and his / her father / Guardian.
11) Medical Fitness Certificate from any Medical Officer of any Government Dispensary / Hospital.
12) For inservice candidates only for health department Government of Sindh.

3. Departmental Candidates (Only Health Department Govt. of Sindh Employees)

1) Age limit on **27/11/2025** upto **35 years** and 05 years services is compulsory (Service Certificate will be submitted).
2) Without pay leave approval and N.O.C will be submitted from concerned authority.
3) They must route their application through controlling officer with N.O.C. from Competent Authority. Advance copies can be sent which will only be entertained when their original applications are received through proper channel within 15 days.

4. Incomplete entries and application received after the closing date will not be entertained

5. Photocopy of admission form will not be accepted.

FEE STRUCTURE

S/N	DETAIL	AMOUNT
01	Admission Form Fees	Rs.500/-
02	Admission Fees	Rs.500/-
03	Tuition Fees Per Year (at the time of admission)	Rs.6000/-
04	Enrollment Form Fees	Rs.200/-
05	Enrollment Fees	Rs.1000/-
06	Exam Form Fees	Rs.200/-
07	Examination Fees	Rs.1000/-
08	Late Fees (Enrollment and Examination)	Rs.500/-
09	Certificate Fee	Rs.1000/-
10	Duplicate Certificate Fees	Rs.5000/-

MEDICAL FITNESS CERTIFICATE

Reg. No._____ Dated: _____

I hereby certify that I have examined Mr. / Miss. _____

S/o, D/o _____ NIC/B.Form No._____

a candidate for admission in _____ course at Sindh Institute of Ophthalmology & Visual Sciences (SIOVS), Hyderabad, and I can't discover that he/she has any disease or constitutional weakness or bodily deformity.

If any abnormality mentioned it: _____.

I do not consider he/she is a disqualification for the admission.

SIGNATURE & STAMP
MEDICAL OFFICER

Doctor Name: _____

PMDC No. _____

Name of Hospital / Institute: _____

Note: Fitness Certificate should be any government hospital.

DECLARATION BY THE APPLICANT

I, _____S/o, D/o_____,
hereby declare that:

1. All the information provided by me in the application form is true, correct, and complete to the best of my knowledge.
2. I understand that if any information provided by me is found to be false, incorrect, or misleading at any stage, my admission shall stand canceled, and I will have no claim against the institution.
3. I shall abide by all the rules, regulations, and code of conduct prescribed by the institution.
4. I undertake that I shall not engage in any activities detrimental to the reputation of the institution, including but not limited to indiscipline, political activities, or any form of misconduct.
5. I commit to regular attendance and completion of the course requirements as specified by the institution.
6. I understand that the institution reserves the right to cancel my admission or take disciplinary action if I fail to comply with the rules and regulations.
7. I also declare that I am seeking admission with the consent of my parents/guardians.

_____
Signature of Applicant

DECLARATION BY THE FATHER / GUARDIAN

I, Mr./Mrs. _____, S/o, D/o _____,

hereby solemnly declare that the above statement is true, correct, and complete regarding my Son/Daughter,

_____, who is seeking admission to the _____

Course at Sindh Institute of Ophthalmology & Visual Sciences (SIOVS), Hyderabad, with my full consent.

I further undertake that my Son/Daughter will abide by all the rules and regulations of the institute/hospital. In case of any violation or failure to adhere to these rules, I accept that he/she will be subject to any disciplinary action deemed appropriate by the authority.

Date: _____

Name of Parent/Guardian: _____

CNIC No.: _____ _____
Signature of Parent/Guardian

Note: <u>To be drafted on a Stamp Paper and attested by an Oath Commissioner.</u>

FOR IN SERVICE CANDIDATES
ONLY FOR HEALTH DEPTT: GOVT. OF SINDH

(TO BE FILLED BY CONTROLLING OFFICER)

Office No. _____ Dated: _____

I hereby certify that Mr. / Miss. _____

S/o, D/o _____, currently serving as _____

in this Department since _____, has no objection if he/she is admitted to the _____

course at _____.

His / Her present place of posting is _____.

Pervious Professional Training (If Any) _____.

Date of joining the service _____.

_____
Signature with Stamp of
CONTROLLING OFFICER

FOR OFFICE USE ONLY

Date: _____

Admission granted / not granted to _____

In _____ course for the session _____

_____
Signature