



SINDH INSTITUTE OF OPHTHALMOLOGY & VISUAL SCIENCES

SCHOOL OF OPTOMETRY HYDERABAD

@ Eye Hospital Journalist Colony, Hyderabad

Phone: +92-22-9210351-2 (Ext: 141)

Web: www.siovs.edu.pk, Email: dir.acd@siovs.edu.pk



**APPLICATION FOR ADMISSION IN UNDERGRADUATE
PROGRAM IN BS VISION SCIENCES (5 YEARS DEGREE)
(Session- 2026-2027)**

Photograph

DATE

Use Capital Letters only to fill the form.

Draft/Pay Order No:

Dated:

CANDIDATE

☐

**DISABLE
CANDIDATE**

☐

Name of Bank:

(Please attach original bank draft 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)

REFERENCES:	
Name of two reputed & Responsible Persons	
REFERENCE-I	REFERENCE-II
Name:	Name:
Position:	Position:
Address:	Address:
Contact#:	Contact#:
Email	Email

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 Vision Sciences Program at School 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.	Y	N
1. Original application form.	☐	☐
2. Original admit card, duly completed	☐	☐
3. Eight passport size recent photographs with white back ground.	☐	☐
4. Copy of Matriculation Certificate (SSC) or O-Level Equivalence Certificate by IBBC.	☐	☐
5. Copy of Matric Marks Certificate or O-Level Certificate.	☐	☐
6. Copy of HSC Pre-Medical Marks Certificate or A-Level Equivalence Certificate by IBCC and A-Level Certificate. (If available)	☐	☐
7. . Copy of Hafiz-e-Quran Certificate (if applicable).	☐	☐
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: _____	<u>Signature of Candidate</u>	

FOR OFFICE USE ONLY

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

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ACADEMIC SESSION 2026-2027**

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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)	

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