

GUJARATUNIVERSITY

AHMEDABAD-380009

Candidate's University	
Gujarat Uni.	
All India	
Applying for	
PH Quota	

For Office Use Only	
Appl. Reg. No	
Status & Category	
Combined Merit No	
SC/ST/SEBC/Open Merit No	
PH Merit No.	



FACULTY OF MEDICINE

RULES AND APPLICATION FORM FOR ADMISSION

TO

POST – GRADUATE OPTOMETRY DEGREE COURSES

AT THE OPTOMETRY COLLEGE/INSTITUTION AFFILIATED WITH GUJARATUNIVERSITY
FOR GUJARAT UNIVERSITY QUOTA/ ALL INDIA QUOTA

(For Academic Year 2017)

(Price:Rs.500-00)

Application No:

GUJARAT UNIVERSITY
Ahmedabad – 380 009.

POST-GRADUATE DEGREE OPTOMETRY COURSES
2017

FOR OFFICE USE ONLY
NOT TO BE FILLED IN BY THE APPLICANT

Recent Passport
Size Photograph
Attested by
Gazetted Officer/
Principal of College
with Stamp

1) Applicant Reg.No. _____

2) Name of Candidate : _____

	Details	Yes/No
1	Is Application complete regarding information & documents?	
2	Is Candidate is eligible for Open Category?	
	Is Candidate is eligible for SC Category?	
	Is Candidate is eligible for ST Category?	
	Is Candidate is eligible for SEBC Category?	
	Is Candidate is eligible for PH Quota?	
Remarks By Authority:		
Name of Scrutiny Officer:		
Date : Signature		

OFFICE OF THE CHAIRMAN

P.G Optometry Admission Committee Year 2017
GujaratUniversity

Date: - - 2017

Recent Passport
Size Photograph
Attested
By Gazetted Officer/
Principal of College
with Clear Stamp

**APPLICATION RECEIPT
(For candidate)**

(To be produced at the time of Entrance Examination and Counseling)

Sr.No.

Received the application form from Mr /Mrs/Miss.....

For admission to P.G.Optomety Course

Reg. No..... **Category:** OPEN / S.C. / S.T. / S.E.B.C.

Handicapped:

Yes

No

Entrance examination Fee receipt No.....Dated.:

(Signature).....

For, Chairman
P.G.Optomety Admission Committee

Note :- Candidate's claim from cast SC/ST/SEBC category & Handicapped will be scrutinized by admission committee

OFFICE OF THE CHAIRMAN

P.G Optometry Admission Committee Year 2017
Gujarat University

Date: - - 2017

APPLICATION RECEIPT
(For supervisor)

Recent Passport
Size Photograph
Attested
By Gazetted Officer/
Principal of College
with Clear Stamp

Sr.No.

Received the application form from Mr/Mrs/Miss.....

Reg. No..... **Category:** OPEN / S.C. / S.T. / S.E.B.C.

Handicapped:

Yes

No

Entrance examination fee receipt No.....Dated:.....

(Signature).....

For, Chairman
P.G. Optometry Admission Committee

Note: - Candidate's claim from cast SC/ST/SEBC category & Handicapped will be scrutinized by admission committee

Application No:

GUJARATUNIVERSITY
Ahmedabad – 380 009.

Application form [A] for admissions to
POST-GRADUATE DEGREE OPTOMETRY COURSES 2017
TO BE FILLED IN BY THE APPLICANT

Recent Passport
Size Photograph
Attested
By Gazetted Officer/
Principal of College
with Clear Stamp

Full Name :	_____	_____	_____
(All in Capital)	First Name	Father Name	Surname
Birth Detail :	____/____/____	_____	_____
	Date	Place	City
Sex :	Male-1 ; Female-2	<input type="checkbox"/>	
Citizenship :	<input type="checkbox"/> Indian-1 ; Other-2	Category	OPEN SC ST SEBC
		<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Physically Handicapped:	<input type="checkbox"/> Yes-1 ; No-2		

Correspondence Address	Permanent Address
_____	_____
_____	_____
City : _____ Pin: _____	City : _____ Pin: _____
State: _____	State: _____
Phone No. _____ (With STD Code)	Phone No. _____ (With STD Code)
Mobile No. _____	Mobile No. _____
Email : _____	Email : _____

Name of University	
Name of College	
Date of starting internship	
Date of completion of internship	

--

Form [A] Continue....

Details of Marks (Passing marks of the External Examination only) obtained Subject wise at various examinations: Any wrong entry may result to cancellation of application.

Examination	Subject	Theory Marks	Practical Marks	Obtained Total Marks	Out of Total Marks	No. of attempt
4 th B. Optometry						
	Total					
3 rd B. Optometry						
	Total					
2 nd B. Optometry						
	Total					
1 st B. Optometry						
	Total					

N.B.: Enter passing marks of External Examination only. Do not enter Grace Marks. Any wrong entry may result to cancellation of application.

If any of the statements made in the application form or any information /marks/ document supplied by the candidate in connection with his / her application for admission is later on found to be false or incorrect or misleading or if it is found that the candidate has concealed any information / fact in connection with his / her application, his / her admission and registration shall be cancelled without any notice thereof, fees forfeited, have to pay the whole course fees, have to pay penalty of university, and he / she may be expelled and prosecuted, and he / she will not be eligible to apply in future.

Signature of candidate

Form [A] Continue....

If admitted for P.G Course anywhere : Yes / No :

If Yes then

Name of Course . _____

Name of P.G.Teacher _____

Name of University _____

Name of Optometry College _____

Course : completed / Not completed.

Seat surrendered before reshuffling counseling: Yes / No

Details of present Employment : Employed 'or' Not Employed

If employed then,

(a) Designation : _____

(b) Place of Working : _____

(c) Date of Joining : _____

(d) No Objection Certificate issued by: _____

Undertaking by the Applicant

I, _____, hereby declared that the information given in this application including accompaniments is true. If anything is found to be incorrect or false or misleading at any time, I understand that my admission shall be cancelled and I may be prosecuted, also I shall be ineligible to apply in future. I shall abide by the results.

I have read and understood all the rules and regulations of post-graduate Optometry admission 2017 of Gujarat University and I shall abide by all the rules and regulations. I accepted all the terms and conditions pertaining to Admission to Post Graduate Optometry courses and I does not have any objections with rules and regulations.

I am not engaged in any post graduate course in any institute at the time of submission of Application form & at present. After my admission, If I do not join the course or resign from course/left the course after Reshuffling Counseling, in such conditions, or in case of implementation of rules 1.3, 1.5, 1.7, 6.5, 7.8, 7.10, 7.12, of post-graduate admission 2017, my admission and registration shall be cancelled without any notice thereof. In such situation, I also understand that,

1. My admission and registration will be cancelled without any notice thereof.
2. I will not be eligible for future admission in this University.
3. I have to pay the whole course fees of all the year/academic terms of College and University.
4. My all deposit amount, Admission fees, tuition fees and university fees are forfeited and I will have no claim on it.
5. I have to pay Rs. 1 lacs as a penalty to the Gujarat University.

If I do not comply with above conditions, then all the original documents will not be return to me and legal action will be initiated against me.

I have verified my eligibility to apply against the category to which i am entitled. if I found to be ineligible for the category in which i had applied then i cannot claim any right in future for admission or my admission can be cancelled.

I have also verified my eligibility for appearance at the Entrance examination/Post Graduate Optometry Admission. If through mistakes/error the forms are accepted and through mistake/error I appeared in Entrance examination /admitted in Post Graduate Optometry course & if I found to be ineligible, in such case I cannot claim any right or interest arising out of acceptance of form or appearance at the Entrance examination/admission in Post Graduate Optometry course.

Date:

Signature of Candidate

Accompaniments (List of documents) attested by gazetted officer

1	Mark Sheet of IV B. Optometry with all attempt mark sheets	
2	Mark Sheet of III B. Optometry with all attempt mark sheets	
3	Mark Sheet of II B. Optometry with all attempt mark sheets	
4	Mark Sheet of I B. Optometry with all attempt mark sheets	
5	All attempts Certificates of B. Optometry	
6	For In Service Candidates, study leave / resignation or NOC (As per Rule 7.8)	
7	Document from the respective university mentioning separate External passing marks for 1 st , 2 nd , 3 rd , & 4 th B. Optometry subjects with total external marks (If not mentioned in Marksheet)	
8	Certificate of internship completion / certificate regarding completion of eight months of internship & it should mention date of completion of internship.	
9	Caste Certificate (Please attach 2 Xerox copies) for SC/ST/SEBC	
10	Non Creamy layer Certificate pertaining to financial year of application (Please attach 2 Xerox copies)	
11	School leaving Certificate (Please attach 2 Xerox copies)	
12	Certificate of completion of P.G. Course.	
13	Certificate regarding Medical Fitness.	
14	Two Self –addressed envelope with postage stamp & 10 photographs pasted on Form.	

Remarks by Clerk verifying the certificates**Signature of Candidate****Name of Clerk & Signature**

Application No:

**GUJARATUNIVERSITY
Ahmedabad – 380 009.**

**Application form [B] for admissions to
POST-GRADUATE DEGREE OPTOMETRY COURSES
TO BE FILLED IN BY THE APPLICANT**

Recent Passport
Size Photograph
Attested
By Gazetted Officer/
Principal of College
with Clear Stamp

Full Name : (All in Capital)	_____	_____	_____
	First Name	Father Name	Surname
Birth Detail :	____/____/____	_____	_____
	Date	Place	City
Sex :	<input type="checkbox"/> Male-1 ; Female-2		
Citizenship :	<input type="checkbox"/> Indian-1 ; Other-2		
Physically Handicapped:	<input type="checkbox"/> Yes-1 ; No-2		
		category	OPEN SC ST SEBC
			1 2 3 4

Correspondence Address	Permanent Address
_____	_____
_____	_____
_____	_____
City : _____ Pin: _____	City : _____ Pin: _____
State: _____	State: _____
Phone No. _____ (With STD Code)	Phone No. _____ (With STD Code)
Mobile No. _____	Mobile No. _____
Email : _____	Email : _____

Name of University	
Name of College	
Date of starting internship	
Date of completion of internship	

--

Form [B] Continue....

Details of Marks (Passing marks of the External Examination only) obtained Subject wise at various examinations: Any wrong entry may result to cancellation of application.

Examination	Subject	Theory Marks	Practical Marks	Obtained Total Marks	Out of Total Marks	No. of attempt
4 th B. Optometry						
	Total					
3 rd B. Optometry						
	Total					
2 nd B. Optometry						
	Total					
1 st B. Optometry						
	Total					

N.B.: Enter passing marks of External Examination only. Do not enter Grace Marks. Any wrong entry may result to cancellation of application.

If any of the statements made in the application form or any information /marks/ document supplied by the candidate in connection with his / her application for admission is later on found to be false or incorrect or misleading or if it is found that the candidate has concealed any information / fact in connection with his / her application, his / her admission and registration shall be cancelled without any notice thereof, fees forfeited, have to pay the whole course fees, have to pay penalty of university, and he / she may be expelled and prosecuted, and he / she will not be eligible to apply in future

Signature of candidate

Application No:

GUJARATUNIVERSITY
Ahmedabad – 380 009.

Application form [C] for admissions to

POST-GRADUATE DEGREE OPTOMETRY COURSES
TO BE FILLED IN BY THE APPLICANT

Recent Passport
Size Photograph
Attested
By Gazetted Officer/
Principal of College
with Clear Stamp

For Reserved Category Candidate:

Full Name : _____ (All in Capital)	First Name _____	Father Name _____	Surname _____
Birth Detail : ____/____/____ Date	Place _____	City _____	State _____
Sex : <input type="checkbox"/> Male-1 ; Female-2			
Citizenship : <input type="checkbox"/> Indian-1 ; Other-2	Category : OPEN SC ST SEBC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Physically Handicapped: <input type="checkbox"/> Yes-1 ; No-2			

Correspondence Address	Permanent Address
_____ _____ _____	_____ _____ _____
City : _____ Pin: _____	City : _____ Pin: _____
State: _____	State: _____
Phone No. _____ (With STD Code)	Phone No. _____ (With STD Code)
Mobile No. _____	Mobile No. _____
Email : _____	Email : _____

Name of University	
Name of College	

Signature of Candidate

Date: -

Remarks of Authority checking certificates:

Date: -

Name of Authority & Seal

Signature

Application No:

**GUJARATUNIVERSITY
Ahmedabad – 380 009.**

Application form [D] for admissions to

**POST-GRADUATE DEGREE OPTOMETRY COURSES
TO BE FILLED IN BY THE APPLICANT**

For Physically Handicapped candidate

Recent Passport
Size Photograph
Attested
By Gazetted Officer/
Principal of College
with Clear Stamp

Full Name :	_____	_____	_____
(All in Capital)	First Name	Father Name	Surname
Birth Detail :	____/____/____	_____	_____
	Date	Place	City
Sex :	<input type="checkbox"/> Male-1 ; Female-2		
Citizenship :	<input type="checkbox"/> Indian-1 ; Other-2	Category :	OPEN SC ST SEBC
			<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/>
Physically Handicapped:	<input type="checkbox"/> Yes-1 ; No-2		

Correspondence Address	Permanent Address
_____	_____
_____	_____
_____	_____
City : _____ Pin: _____	City : _____ Pin: _____
State: _____	State: _____
Phone No. _____ (With STD Code)	Phone No. _____ (With STD Code)
Mobile No. _____	Mobile No. _____
Email : _____	Email : _____

Name of University	_____
Name of College	_____

Signature of Candidate

Remarks of Authority checking certificates

Date: -

Name of Authority & Seal

Signature

Note: The candidate applying for Physically Handicap category should remain present before Medical board for assessment of their disability. The date, time & place will be informed to the candidate [see also the rules.]

**FORM OF CERTIFICATE FOR ORTHOPEDICALLY HANDICAPPED
(LOCOMOTOR DISABLED)**

(To be filled by the Medical Board only)

Recent Passport
Size Photograph
Attested
By Gazetted
Officer/
Principal of
College with Clear
Stamp

[ORTHOPEDICALLY HANDICAPPED (LOCOMOTOR DISABLED) ARE THOSE WHO HAVE PHYSICAL DEFECT OR DEFORMAITY WHICH CAUSE AN INTERFERENCE WITH THE NORMAL FUNCTIONING OF BONES MUSCLES AND JOINTS.]

1. Full Name of Candidate :

2. Case No. :

3. a) Nature of disability
(To be mentioned in the square on the right side)

b) Any Disability of Upper Limbs ? Yes/No

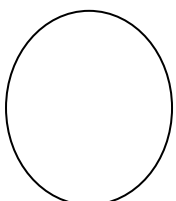
c) Extent of disability
(Upper limbs must be normal)

1. Below 40 %
2. Between 40% to below 50%
3. Between 50% to 70%
4. Above 70%

4. Despite the disability whether the candidate is fit Yes/No
To undergo Post Graduate Medical/Dental/Physiotherapy/
Nursing/Optomerty education and will be able to discharge
His/her duties as Physician/Dental Surgeon/Physiotherapist/
Nurse/Optometrlist thereafter.

I certify that Shri/Kum. _____ has been examined by the
members of the Board on ____/____/2017 and has been found orthopedically handicapped [loco motor
disabled] and in opinion of members of Board, he/she is in a position to undertake Post Graduate
Medical/Dental/Physiotherapy/Nursing/Optomerty education and will be able to discharge his/her duties as
Physician/Dental Surgeon/Physiothrapist/Nurse/Optometrlist thereafter.
He/she is having loco motor disability _____% (_____)
(to be written in words) and he / she is having both the upper limbs normally functioning.

Out ward No.:
Date :



Round Seal

Signature of Chairman
Board for deciding the eligibility and suitability
For admission against reserved seats of
loco-motor disabled candidates.

AUTHORITY LETTER

I, _____ Son/Daughter/Wife of
Mr. _____ bearing Combined Merit No. _____ for admission
to PG Optometry courses 2017 do hereby authorize Mr./Mrs./Miss _____ to
represent me on _____ (date) before the Committee for selection of a seat for P.G OPTOMETRY course. The
signature and the photograph of above named Mr./Mrs./Miss _____ is attested
below.

Photograph of
Candidate
Attested by
Gazetted officer

Signature of Candidate

Name _____

SML No. _____

Photograph of
Authorized person
Attested by
Gazetted officer

Signature of Authorized Proxy _____

Signature of the Candidate _____

UNDERTAKING

I, _____ Son / Daughter/ Wife of
Shri. _____ aged _____ years, bearing Merit No. _____
For admission to PG Optometry courses 2017, do hereby solemnly affirm and undertake that the decision of my
authorized proxy, Mr./Mrs./Miss _____ regarding selection of seat in
interview on _____ (date) shall be binding on me and I shall not have any claim whatsoever, other than the
decision taken by my authorized representative on my behalf on _____ (date).

Signature of candidate _____

Merit No. _____

Address _____

Undertaking

I, hereby declared that the information given in this application including accompaniments is true. If anything is found to be incorrect or false or misguiding at any time, I understand that my admission shall be cancelled and I may be prosecuted, also I shall be ineligible to apply in future. I shall abide by the results.

I have read and understood all the rules and regulations of post-graduate Optometry admission 2017 of Gujarat University and I shall abide by all the rules and regulations. I accepted all the terms and conditions pertaining to Admission to Post Graduate Optometry courses and I does not have any objections with rules and regulations.

I am not engaged in any post graduate course in any institute at the time of submission of Application form & at present. After my admission, If I do not join the course or resign from course/left the course after Reshuffling Counseling, in such conditions, or in case of implementation of rules 1.3, 1.5, 1.7, 6.5, 7.8, 7.10, 7.12, of post-graduate admission 2017, my admission and registration shall be cancelled without any notice thereof. In such situation, I also understand that,

6. My admission and registration will be cancelled without any notice thereof.
7. I will not be eligible for future admission in this University.
8. I have to pay the whole course fees of all the year/academic terms of College and University.
9. My all deposit amount, Admission fees, tuition fees and university fees are forfeited and I will have no claim on it.
10. I have to pay Rs. 1 lacs as a penalty to the Gujarat University.

If I do not comply with above conditions, then all the original documents will not be return to me and legal action will be initiated against me.

I have verified my eligibility to apply against the category to which i am entitled. if I found to be ineligible for the category in which i had applied then i cannot claim any right in future for admission or my admission can be cancelled.

I have also verified my eligibility for appearance at the Entrance examination/Post Graduate Optometry Admission. If through mistakes/error the forms are accepted and through mistake/error I appeared in Entrance examination /admitted in Post Graduate Optometry course & if I found to be ineligible, in such case I cannot claim any right or interest arising out of acceptance of form or appearance at the Entrance examination/admission in Post Graduate Optometry course.

Name :

Merit No:

Institute Name:

Allotted Branch:

Signature:

Date:

CERTIFICATE OF MEDICAL FITNESS

To,
The Registrar,
Gujarat University
Ahmedabad

Recent Passport
Size Photograph
Attested
By Registered
Medical
Practitioner

This is to certify that I have conducted clinical examination of

Mr/Mrs/Miss. _____ Who is desirous of admission to Post
graduate Optometry course of Gujarat University.

He/She was clinically examined by me thoroughly.

Identification mark. _____

As per my Clinical findings he/she is medically fit.

Comment of Registered Medical Practitioner: _____

Signature of Registered Medical Practitioner

Signature of candidate

Name:

Registration No:

Date: