



**Pakistan Institute of Ophthalmology
Al Shifa Trust Eye Hospital
Rawalpindi**

Passport Size
Photo

**Application Form for 1 Years Diploma in Dispensing Optician
Training Course**

Training Session: 20__ - 20__

• Name: Mr./Ms. _____ Date of Birth: ____/____/____ (DD/MM/YYYY)

• Domicile/Province _____ CNIC No. _____

• Father/Guardian Name: _____

• Postal Address: _____

• Permanent Address: _____

• Landline No: _____ Mobile No: _____

• Emergency Contact No: _____ E-mail: _____

Section B: Academic Record (Please include all examinations taken)

Certificate/Degree	Year	Marks Obtained /Total Marks	Grade/Division	Board & Educational Institutions Attended
a) Secondary School Certificate (Matriculation), O- Level or equivalent				
b) Senior Secondary School Certificate F.Sc/ A-Level				
c) Any other certificate or degree i) ii)				

Do you require hostel accommodation? : Yes / No

(Signature of student)

INSTRUCTIONS FOR THE CANDIDATES

1. All entries in the form must be made in BLOCK LETTERS or must be typed.
2. Strike out what is not applicable, but do not leave any entry unfilled.
3. In case an entry does not apply to you, clearly write NOT APPLICABLE. In all other columns write the necessary information or write appropriate replies, such as yes, no, nil etc.
4. One attested copies of the following documents should accompany the application:
 - a. All the degrees and certificates of education mentioned on the first page of this form.
 - b. All the detailed marks certificates of education mentioned on the first page of this form.
Domicile certificate of the candidate.
 - c. National Identity Card of the Candidate.
 - d. National Identity Card of the Candidate's Father/Guardian.1
5. Please attach bank draft/pay order for Rs. 1000/- in name of Al Shifa Trust Eye Hospital.