



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

Passport Size  
Photo

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

**Training Session: 2024 (01 Jan to 31 Dec 2024)**

- Name: Mr./Ms. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)
- Domicile/Province \_\_\_\_\_ CNIC No. \_\_\_\_\_
- Father/Guardian Name: \_\_\_\_\_
- Postal Address: \_\_\_\_\_  
\_\_\_\_\_
- Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
- Contact No (candidate) : \_\_\_\_\_ Contact No(father): \_\_\_\_\_
- Emergency Contact No: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

<b>Certificate/Degree</b>	<b>Year</b>	<b>Marks Obtained /Total Marks</b>	<b>Grade/Division</b>	<b>Board &amp; Educational Institutions Attended</b>
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

## **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.