



Datta Meghe Institute of Medical Sciences
(Deemed University)
Sawangi (Meghe), Wardha

ADMISSION NOTICE - 2017-18

Bachelor of Optometry Course

Applications are invited for **Bachelor of Optometry course** for the admissions during the year 2017-18 from desirous eligible candidates.

- **Name of the course** : Bachelor of Optometry
- **Duration of course** : Three years
- **Intake capacity** : 10 seats/year
- **Course Fees** : Tuition Fees Rs. 46,000/- P.A. &
Enrollment fees (One Time) Rs 5,000/-
Caution Money (One Time , Refundable) – Rs 5,000/-
- **Eligibility criteria** : The candidate must have passed HSC or Equivalent examination in any recognized board in the subjects Physics, Chemistry and Biology and English individually. Candidate must have completed 17 years of age before 31st December, 2017.
- **Mode of submission of application form** – Duly filled application form to be submitted to office, JNMC, Sawangi (Meghe), Wardha (Administrative officer, JNMC)
- **Method of selection**– On the basis of Marks obtained in Physics, Chemistry & Biology.
- **Last Date of Submission of Application Form** : **12.08.2017 (along with demand draft of Rs.500/- in favour of Registrar, DMIMS(DU)).**
- **Display of Merit List** : **18.08.2017**
- **Admission Process** : **24.08.2017**
- **Commencement of academic session(semester)-1** Sep 2017

Note - For any query or clarification and for further details, kindly contact Mr.Ashok Brahmkar, CAO Mob.No.9765404018 e-mail : aojnmc@gmail.com

APPLICATION FORM IS AVAILABLE ON WEBSITE : www.dmimsu.edu.in

Registrar,
Datta Meghe Institute of Medical Sciences (DU),



DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES (DU)
ATREY LAY OUT, NAGPUR 440022 MAHARASHTRA INDIA
(Declared as deemed to be University under section 3 of the UGC act 1956) NAAC accredited 'A'

APPLICATION FORM FOR ADMISSION 2017-18

Bachelor of Optometry Course

To,
The Dean
Jawaharlal Nehru Medical College,
DMIMS (DU), Sawangi (M), Wardha

Subject: - Application for the admission to Bachelor of Optometry Course.

Respected sir,

I am submitting herewith my application for the course of **Bachelor of Optometry** at your University.

I request you to kindly consider my application for the same.

Thanking you,

Yours sincerely,

(Name and signature of the candidate)

Place:-

Date:-

Mobile No.



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APPLICATION FORM FOR ADMISSION 2017-18

Bachelor of Optometry Course

1. Name in full in **Block letters**: -----

2. GENDER:- Male Female

3. Age in Years: Years 4. Date of Birth: / /

*Affix passport
size photo here*

5. Religion: ----- 6. Nationality: -----

6. Address for correspondence: -----

7. Permanent postal address: -----

8. Contact Number: a) Landline: ----- b) Cell No. : -----

9. E-Mail ID: -----

10. Educational Qualification

S/No	Passed Exam	Year of Passing	Name of College/School	Total Marks Obtained	PCB Marks Obtained	PCB %
1.	H.S.C.					
2.	English					

DECLARATION BY THE CANDIDATE

I hereby solemnly declare that the information furnished by me in this application is true to the best of my knowledge. I am aware that if any of the information furnished is found to be wrong, my admission to the course will be cancelled.

(Signature of the candidate)

Name: -----

Date: -----

Enclosures to be submitted with the application

form: Self attested photocopy of

1. HSC Mark list
2. Date of birth proof (SSC Board Certificate)
3. College Leaving Certificate.
4. Migration Certificate
5. Nationality Certificate

The duly filled application form should be submitted to Dean Office, JNMC on or before 12.08.2017 upto 5 p.m. along with a Demand Draft of Rs.500/- in favour of Registrar, DMIMS(DU) payable at Wardha.