

داخلہ فارم مندرجہ ذیل پتے پر بڈ ریجیٹر جسٹریڈنگ ڈیپارٹمنٹ اکراں ارسال کریں۔

To

**THE PRINCIPAL/DIRECTOR GENERAL**

College of Ophthalmology & Allied Vision Sciences (COAVS)  
[Formerly Punjab Institute of Preventive Ophthalmology (PIPO)]  
King Edward Medical University / Mayo Hospital Lahore

From .....

District .....

Admission Form For Programme ..... Gender .....  
[Ophthalmic Technician/B.Sc(Refractionist)/B.Sc(Hons)] (Male/Female)

داخلہ فارم بڈ ریجیٹر ڈیپارٹمنٹ اکراں ارسال کرنے کی صورت میں لگانے پر مستقل ضلع داخلہ فارم کے مطابق لکھنا اشد ضروری ہے۔ کسی دوسرے امیدوار کا داخلہ فارم اپنے فارم کے ساتھ ہرگز ارسال نہ کریں۔  
بصورت دیگر فارم مسترد کر دیے جائیں گے۔

رہیدہ فارم کے دفتر وصول ہونے پر آپ کو واپس دی جائے گی۔  
**RECEIPT OF THE ADMISSION FORM**  
داخلہ فارم جمع کروانے کی رہیدہ امیدوار خود پر کرے۔

1. Name of the Candidate .....
2. Father's Name.....
3. Residential Address .....

Programme ..... Gender .....  
[Ophthalmic Technician/B.Sc(Refractionist)/B.Sc(Hons)] (Male/Female)

**College of Ophthalmology & Allied Vision Sciences (COAVS)**  
**FOR OFFICE USE ONLY**

Received the Admission Form:

.....  
Date

.....  
(Signature of the Form Receiving Person)



## **INSTRUCTIONS**

Candidate is directed to read and comply with instructions hereunder before filling the Admission Form

1. The Admission Form found to be incomplete or containing incorrect entries will not be accepted/entertained and the candidate will be responsible for any sort of delay or loss.
2. Each candidate (Male/Female) must enclose five latest identical passport size Photographs (with sky blue background), duly attested, along with the Admission Form. Two photographs must be pasted at the specified places on page 1 and other three be attached along-with the form (Name and Father's name must be mentioned on the back side of photographs).
3. All the entries must be filled in with BLUE ballpoint. Don't use ink pen.
4. Fill your Name, Father's Name according to your Intermediate Certificate. In case of any discrepancy, the form will be rejected.
5. Fill the Name of Board from where you have passed the Matric/Intermediate examination with the passing year along-with roll number. Attach attested photocopy of Matric/Intermediate Certificate.
6. The candidate who has passed Intermediate/Higher Secondary examination from some other University/Board and is admitted to this course will have to produce the original migration certificate along-with photocopies of other certificates.

**NOTE:** Before submitting the form in the College check your form and note that you have filled all the columns according to the instructions correctly and attached all the required documents. Send your form with documents in one envelope by Registered A/D to **PRINCIPAL/DIRECTOR GENERAL COLLEGE OF OPHTHALMOLOGY & ALLIED VISION SCIENCES (COAVS), [FORMERLY PUNJAB INSTITUTE OF PREVENTIVE OPHTHALMOLOGY (PIPO), LAHORE, MAYO HOSPITAL LAHORE** otherwise in case of misplace, College will not be responsible for the consequences. Also along-with your own form in the envelope don't send the form of any other candidate otherwise the forms will be rejected.

I hereby declare that I have read the above instructions carefully and shall abide by them. I have attached the following documents, duly attested, with the Admission Form:

- A certificate of good moral character
- Attested photocopy of Provisional Certificate or Result Card of last examination
- Attested photocopy of Matriculation Certificate
- Attested photocopy of Intermediate Certificate
- Attested photocopy of Computerized National Identity Card
- Attested photocopy of Father's Computerized National Identity Card
- Attested photocopy of Domicile Certificate
- Attested photocopy of Hafiz-i-Quran Sanad (where applicable)
- Five attested passport sized photographs

Signature of the Candidate: \_\_\_\_\_

Father's / Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_