

DECLARATION BY THE CANDIDATE

I, daughter of a student of the Diploma in Ophthalmic Assistance/Optomety Course conducted by Aradhana Trust at Aradhana Eye Institute, Thiruvananthapuram, do hereby agree to abide by the following rules of the institution.

- a. During this period, I will adhere to all the present rules and regulations of the hospital and also subject myself to any change of rules and regulations from time to time as per the needs of the Institution
- b. If I act detrimental to the interest of the Trust, i.e, gross neglect of duty, behaving indecently, refusing to obey responsible people of the hospital, creating trouble inside the campus of the institution and involving myself in the undesirable affairs of the outside world, etc. then in these cases the authorities have the right to take disciplinary action against me including expelling me from the hospital without any notice.
- c. During my training and service period I shall take all reasonable precautions to safe guard the properties of the Trust, against accident, damage or loss. If any damage or loss is done due to my negligence, mishandling or misuse, I shall be liable for disciplinary action and the management is entitled to recover the value of such damage, breakage or loss from me.
- d. After the completion of the course, Internship/employment in the hospital is not guaranteed for me.

I have read the above terms and conditions and I am willing to abide by them.

Signature of Student :

Dated.....

Signature of Parent/Guardian:

Dated.....

**2 YEAR DIPLOMA COURSE IN OPHTHALMIC ASSISTANCE
(APPROVED BY GOVERNMENT OF KERALA)**

AND

**2 YEAR DIPLOMA IN OPTOMETRY
(Run by Aradhana Eye Institute)**

Conducted at :

Aradhana Eye Institute, Manacaud, Thiruvananthapuram

APPLICATION FORM

PHOTO

Course applied for Diploma Course in Ophthalmic Assistance (DOA)
 (Approved by Govt. of Kerala)
 Diploma Course in Optometry (Aradhana Eye Institute)

(**tick** what is applicable)

Name : Sex:

Father's name :

Religion : Date of Birth :

Permanent address :

Mailing Address :

Phone: (Residence) : Cell :

Marks obtained in Std XII examination

Subject	Marks OBTAINED	OUT OF	%

Date:

Signature of the Candidate