

DR. K.R. ADHIKARY COLLEGE OF OPTOMETRY AND PARAMEDICAL TECHNOLOGY



Affiliated to UNIVERSITY OF KALYANI

An ISO 9001:2015 and 29990:2010 Certified Institution

H.Q.& Kalyani Campus I : WEBEL IT Park (Phase-II), Kalyani, Nadia, 741235

Kalyani Campus II : A-2/33, Kalyani, Nadia, 741235

Web. : www.kradhikarycollege.ac.in

Email : kradhikarycollege@gmail.com

P H O T O

Course applied for :

- Name of the student :
- Date of Birth :/...../..... • Gender: (M/F)
- Nationality: • Aadhar card No. : • Category :
- Father's Name :
- Mother's Name :
- Present Address :
- PIN
- Permanent Address :
- PIN
- E-mail Address :
- Telephone/Mobile : • WhatsApp.....
- Educational Qualification

Sl. No	Qualification	Year of Passing	Name of Board/University	% of Marks/CGPA
01	Class 10 th			
02	Class 12 th			
03	Graduation			
04	Post-Graduation			
05	Others (if any)			

(Attach all details from High School/Higher Secondary/College University wherever the student has studied)

UNDERTAKING

I hereby declare that all statements made in this application form are true, complete and correct in the best of my knowledge and belief. I do hereby agree to abide the rules and regulations of the college and to observe strict discipline. I also declare that I have gone through the rules and regulations governing the admission to the course and agree that in case of any violation to these rules and regulations my admission to the particular course would automatically stand cancelled. I shall be responsible, if my application is rejected for any reason by the University.

Date.....

Place.....

.....
Signature of the student

DIPLOMA COURSES

- Optometry (DOS&OT)
- Pathology (DMLT)
- Radiology (DMRT)
- Physiotherapy (DPT)
- Operation Theatre (DOTT)
- Critical Care (DCCT)
- Dialysis (DDT)
- Dental (DDT&OH)
- Physician Assistant (DPA&ED)
- ECG&PFT
- Anaesthesia (DAT)
- Contact Lens (ADCLP)

P.G. DIPLOMA COURSES

- Pathology (PGDMLT)
- Radiology (PGDMRT)
- Operation Theatre (PGDOTT)
- Dialysis (PGDDT)
- Critical Care (PGDCCT)
- Geriatric Care (PGDGC)
- Hospital Administration (PGDHA)

CERTIFICATE COURSES

- Basic Practical Nursing (CBPN)
- Sanitary Inspector (CSI)
- Community Medical (CMS&ED)

• Details of Parent / Legal Guardian

Sl. No	Name of Parent/Legal Guardian	Relation with Student	Postal Address	Contact No. Parent/ Legal Guardian
01				
02				
03				

Note : Only parent/legal guardian will be entertained for any issue/enquiry related to the ward. The copy of Aadhar Card and Voter ID is required to enclose.

• List of Xerox Documents Submitted at a time of Admission

Sl.No	Name of Documents	Xerox	Signature of Student	Signature of Verifier with original
01	Class 10 Admit Card, Mark sheet & Certificate			
02	Class 12 Mark Sheet & Certificate			
03	Caste certificate			
06	Aadhar Card			
07	PAN Card			
08	Passport Size Photo			

.....
(Signature of Parent/Legal Guardian)

Date :

Place :

.....
(Signature of Student)

Date :

Place :

Approval of Admission Committee

Date of Admission :/...../.....

Considering result of Admission Test

MAY BE ADMITTED ADMIT

.....
(C.E.O./Assistant Administrator)

.....
(Signature of Admission Officer)

Admission confirmed

.....
(Administrator cum Principal)