



OPTOMETRY COUNCIL OF INDIA

(Incorporated under section 25 of the Companies Act of 1956)

Corporate Identity No: U93000DL2012NPL241009

8, Ring Road, Lajpat Nagar IV, New Delhi - 110024.

Reference Number:

OPTOMETRY QUALIFICATION 2 YEARS OR MORE

Personal Details:

First Name:		Last Name:	
Name as you want on certificate:			
Father's Name:			
Gender:			
Residence address:			
City:			
State:		Pin Code:	
Email address:		Mobile number:	

Qualification Details:

Name of qualification		Year of passing	
Name of the college			
Name of the university		Duration:	
Have you completed Masters in Optometry & year of passing?	Yes / No	Year:	
Have you completed PhD in Optometry & year of passing?	Yes / No	Year:	

Current Working Details:

Title			
Name of the organization			
Address of the organization			
City:			
State:		Pin Code:	
Email		Telephone	



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Please Attach

Passport Size Photograph	Yes / No
12th Pass Certificate	Yes / No
Qualification certificates	Yes / No

Other Optometry Association Membership Details

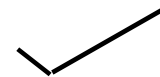
Name of association:		Membership No:	
Name of association:		Membership No:	

How did you know about OCI? (Please tick)

Mailer		Conference	
Website		OCI member	
Others (Specify)		Friend	

<u>Payment method</u>	sh / Cheque / Demand Dr	<u>Date of payment:</u>	
<u>Name of the bank:</u>			
<u>Cheque / Draft Number:</u>			

Cancel, if you do not wish to receive promotional offers and other related information to your email id mentioned in this form



Kindly send completed forms to:

Optometry Council of India

No: 5 & 6, Vasu Complex, New BEL Road, Bangalore - 560054

Email: info@optometrycouncilofindia.org