## **Mode of Payment of Fees:**

The fee has to be paid through Bank Draft of any Nationalized bank drawn in the name of ".JAIN UNIVERSITY" payable at KOCHI. Details of payment will be available from the College office.

The following certificates in original along with a self-attested copy of the same has to be submitted at the time of counselling / on the spot admission. If the candidate is admitted to this course, these documents will be retained by the College till he/she completes the course. If the candidate fails to produce all or any of the documents listed below, he/she will instantaneously forfeit his/her claim for a seat.

- (a) For a Proof of date of Birth: SSC Certificate or School/College Leaving Certificate or Certificate of Domicile/Nationality Certificate
- (b) Statement of marks of X std examination.
- (c) Statement of marks of XII std examination.
- (d) Transfer Certificate from the Institution in which you had studied last.
- (e) Caste Certificate (in case of candidates of SC/ST category)
- (f) Migration Certificate (for students who joined a course after 12th).
- (g) Conduct and Character Certificate from a responsible person.
- (h) Certificate of Medical Fitness.
- (i) Two recent passport-size photographs with your names written on backside.
- (k) The application should also be accompanied by a document in the form of school leaving certificate / transfer / migration / character certificate, which should include a report on behavioural pattern of applicant, so that the institution can thereafter keep intense watch upon a student who has a negative entry in this regard.

After scrutiny of their certificates, the candidates are offered admission according to their rank and availability of seats.

Annexure - 1
I, son/daughter of hereby solemnly affirm that the following statements made by me are true to the best of my knowledge and belief,
I am a citizen of India
I have completed 17 years of age/will be completing 17 years of age on
I have studied class 12th in
If admitted to Dr.Chandrakanth college of Health Education, I will abide by all its rules and regulations especially those regarding discipline, attendance, examinations and payment of fees.
I understand that failure to comply with the rules and regulations will invite an appropriate disciplinary action from the institutional authorities.
I will not involve myself in any action of ragging during the course of my education in this College. I understand that involvement in ragging is a cognizable offence and it will result in police action and would result into cancellation of my admission to the course.
Name of the candidate :
Date:
Place:
Signature of the candidate:
I,
Name of the parent/guardian :
Relationship to candidate:
Date:
Address with Phone No. :
Signature of the parent/guardian

# Annexure - 2

# **Medical Fitness**

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a Letterhead:

20tto: noau :
Certificate of medical fitness
This is to certify that I have conducted clinical examination of Mr./Mswho is desirous of admission to Health Sciences courses.
He/ She has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.
Certified further, that he/she has not shown any evidence of major defects of posture, locomotion, vision hearing or any other systemic disorder.
Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career in Optometry
1
2
3
Address of the Registered Medical Practitioner Signature:
Name:

Seal of Registered Medical Practitioner

Date : / /

Registration No.:

## Annexure - 3

#### IMPORTANT NOTICE

As per the rules and regulations of the statutory council, 80% attendance in non-lecture teaching, i.e. seminars, group discussion, tutorials, demonstrations, practicals, hospital posting etc. is compulsory. Further, the student must secure at least 50% marks out of the total marks fixed for internal assessment in a particular subject in order to be eligible to appear in final university examination of that subject.

If the student remains absent from the institute for a continuous period of ten days without prior permission of the Principal/HOD, the management reserves the right to cancel his/her name from the roll. Such a student will not be entitled for any refund of fees.

The <u>Director</u> reserves the right to remove from the roll the name of any student for failure to pay the college dues in time.

Damaging the property of the College / Hospital, e.g. tampering with fixtures, fittings, equipment, instruments, furniture, books, periodicals, walls, windows, panels, vehicles etc. will be viewed very seriously and is likely to result in instant expulsion of the student from college.

The property cost will be levied from the student/ parents for the same.

Parents shall verify internal assessment records of their wards

This has to be submitted immediately after the conformation of the admission

### Note:

"If any incidents of ragging comes to the notice of the authority, the concerned students shall be given liberty to explain and if his explanation is not found satisfactory the authority would expel him from the institution."

All the Students/Parents should note the above orders from the College.

## Annexure - 4

Lact	data for	submission	icum t	o th	2022	E 00	nm
Last	uate for	Submission	is ub t	OUI	 ZUZZ.	5.00	D.III.

# The counselling schedule will be as follows:

Date	Course	Category	Time
	B.Voc Optometry	60% above	9.00 a.m. onwards

# **For Enquiry**

Contact Tel No: 6235379000/ 04954062111

E-Mail: academy@malabarnethralaya.org

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DR.CHANDRAKANTH COLLEGE OF HEALTH EDUCATION K P CHANDRAN ROAD, CHEROOTY NAGAR, KOOMBARA, KOZHIKODE, KERALA-673004. PH: 0495 4062111, 2368330

E-mail: academy@malabarnethralaya.org