|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **POKHARA UNIVERSITY** | Recent |  | |  |
| Passport |  |  |  |
| **Faculty of Health Sciences** |  | |  |
| Size Photo |  |  |  |
| **Himalaya Eye Hospital, Gharipatan, Pokhara** |  | |  |
|  |  |  |  |
| **Entrance Examination** |  |  |  |  |
|  |  |  |  |
| **2019 AD (2076 BS)** |  |  |  |  |
| **Bachelor of Optometry** |  |  |  |  |
|  |  |  |  |  |
| Registration Number/Roll No: (official purpose only):……………………..................... |  |  |  |  |
|  |  |  |  |  |
| **Personal details** |  |  |  |  |
| Name (CAPITAL LETTERS) |  |  |  |  |



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of birth (D/M/Y) | BS | AD |  | Gender |  |
| Contactnumber |  | Email |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Father's name | |  |  |  |  |  |  | Mobile | | |  |  |  |
| Mother's name | |  |  |  |  |  |  | Mobile | | |  |  |  |
| Guardian’s name | |  |  |  |  |  |  | Mobile | | |  |  |  |
| Permanent address | |  | District | |  |  | Rural/Municipality | | | |  |  |  |
|  |  |  | WardNo. | |  |  | Block / Tole | | | |  |  |  |
| **Academic qualification** | | | | |  |  |  |  |  |  |  |  |  |
|  |  | Board or | |  |  |  | Full |  | Marks / GPA | | |  |  |
| Level Passed |  |  | Institution |  |  | obtained | | | Major Subjects |  |
|  | University | |  | Marks | |  |  |
|  |  |  |  |  | Total |  | %\* |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| +2 or |  |  |  |  |  |  |  |  |  |  |  |  |  |
| equivalent |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SLC |  |  |  |  |  |  |  |  |  |  |  |  |  |
| orEquivalent |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*\*Must be calculated upto 2 digits after decimals (This is mandatory)*

I hereby declare that the details given above are correct and I bear the sole responsibility for disqualifying my application due to incomplete or incorrect information. I unconditionally agree to abide by the rules and regulations of Pokhara University.

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|  | ……………………………… |  | ………………………………. | |  |  |  |
|  | Applicant's signature |  |  | Date |  |  |  |
|  |  | | | |  |  |  |
|  | **Verification checklist (Official use only)** | | | |  |  |  |
|  |  |  | |  |  |  |  |
|  | **Description** | **Tick(√)** | | **Description** |  | **Tick(√)** |  |
|  |  |  |  |  | |  |  |
|  | SLC Mark-Sheet |  |  | Passport Size Photo – 3 copies | |  |  |
|  |  |  |  |  | |  |  |
|  | +2 or equivalent Transcript |  |  | Voucher of NRs 1600 | |  |  |
|  |  |  |  |  |  |  |  |
|  | Verification by Account Section: | |  |  | Signature ………………… Date: …………………….. | |  |
|  | Verification by Entrance Examination Committee: | | | | Signature ………………… Date: …………………….. | |  |

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|  |  |  |  | **POKHARA UNIVERSITY** | | | | | |  |  |  |  |  |  |
|  |  |  |  | **Faculty of Health Sciences** | | | | | |  |  | Recent | |  |  |
|  |  | **Himalaya Eye Hospital, Gharipatan, Pokhara** | | | | | | | |  |  | Passport | |  |  |
|  |  |  |  | Size Photo | |  |  |
|  |  |  |  | **Entrance Examination** | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **2019 AD (2076 BS)** | | | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **Entrance card** | | | | | |  |  |  |  |  |  |
| Registration number/Roll No: (official purpose only):……………………... | | | | | | | | | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name (CAPITAL LETTERS) | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth (D/M/Y) |  | BS |  |  | AD | | |  |  |  | Gender | |  |  |  |
| Contactnumber |  |  |  |  | Email | | |  |  |  |  |  |  |  |  |
| Father's name |  |  |  |  |  |  |  | Mobile No |  |  |  |  |  |  |  |
| Mother's name |  |  |  |  |  |  |  | Mobile No |  |  |  |  |  |  |  |
| Permanent address |  | District | |  |  | Rural/Municipality | | | |  |  |  |  |  |  |
|  |  | Ward | |  |  | Block / Tole | | | |  |  |  |  |  |  |
| **Date of examination** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Time of examination** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Exam center** |  | **Himalaya Eye Hospital, Gharipatan, Pokhara** | | | | | | | |  |  |  |  |  |  |
| ………………………………. | |  | …………………………… | |  |  |  |  |  |  |  |  |  |  |  |
| Applicant's signature | |  |  | Date |  |  |  |  |  |  |  |  |  |  |  |
| ………………………………. | |  | …………………………… | |  |  |  |  |  |  |  |  |  |  |  |
| Authorized signature | |  |  | Date |  |  |  |  |  | OfficeSeal | | | | |  |



**Instructions to the applicant**

1. Applicant will NOT be allowed toenter into the examination hall without valid admission card.If lost, aprovisional card will be issued on application along with payment of NRs.300 and a recent photographone hour before exam.
2. Candidate must arrive at the examination hall 15 MINUTES before the commencement of examination.
3. Candidate will NOT be allowed to enter the examination hall 15 MINUTESafter the commencement of examination.
4. Candidate MUST follow theassigned seat plan in the examination hall.
5. Any form of misconduct or incriminating activities during or after examination shall result in the CANCELLATION of his/her entrance examination without any warning.
6. Candidate is STRICTLY PROHIBITED to bring any kind of mobile phone, camera, programmable calculator or other electronic devices in the examination hall.

**Eligibility for Application and Entrance for Optometry**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Programs** |  | **Seats** |  |  | **Eligibility** |  |  |
|  |  |  |  |  | Higher Secondary Level (10+2 science streams) Biology group or equivalent or |  |  |
|  |  |  |  |  | Diploma in Health Sciences (Ophthalmology) or Certificate in Health Science |  |  |
| **Bachelor of** |  | 15 |  |  | (ophthalmology as recognized by Pokhara University with at least 50% marks. |  |  |
| **Optometry** |  |  |  | Or |  |  |
|  |  |  |  |  |  |
|  |  |  |  | Minimum 2.4 CGPA in Aggregate and Minimum C+ Grade in Physics, Chemistry and |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | Biology (PCB) and Minimum C Grade in other subjects. |  |  |
|  |  |  |  |  |  |  |  |

**Documents to be submitted**

* Completely filled form (hard copy),the candidate should have their signature on application formand official documents at the time of issuance of admission card.
* Three copies of recent passport size photographs.
* Self-attested copies of academic documents (mark sheet/transcript, character certificate) for SLC and above along with migration certificate, council certificate and citizenship card-those who submit the documents hard copies.
* Candidates who fail to submit all the documents by the deadline will not be allowed to attendentrance examination.

**Note: the successful candidates who will be called for admission must produce the self-attested the copies of essential documents.**

**Application and examination fee**

* Applicant should pay nonrefundable NRs. 1600 (Application fee 100 plus entrance fee 1500) while submitting the application form.
* Above mentioned amount should be deposited in the given bank accounts of

**FACULTY OF HEALTH SCIENCES, PU**

* Account No. – 06800101160643000001(**Prabhu Bank**)

**Entrance syllabus**

Mathematics 25%, English 25%, Biology 25% and Chemistry 25% (Based on 10+2 Science or I. Sc.)

**Question pattern and evaluation**

* There will be 100 multiple choice questions based on the syllabus mentioned above.
* Evaluation will be based solely on entrance scores. If entrance score coincides, the scores of Biology, Chemistry, English and Mathematics will be considered in respective orders of merits.
* The selectioncriteria of students will be on the basis of merit.
* Decision of Entrance Committee will be final in case of controversies.
* Duration of Entrance examination : 2 hours