SIWC Trust's
WAVIKAR COLLEGE OF OPTOMETRY
Affiliated to
Maharashtra University of Health Sciences

4th and 5th Floor,
Amber Arcade,
Near Lodha Paradise,
Majiwada, Thane West – 400601
Tel: 022-39918339 Mob: 77100 55122
Email:collegeadmin@wavikareye.com
www.wavikareye.com

Wavikar College of Optometry – Admission Form 2026-27

affiliated to MUHS

A. Personal Details

First Name _____

Middle Name _____

Last Name _____

First Name (Marathi) _____

Middle Name (Marathi) _____

Last Name (Marathi) _____

Full Name (English as per HSC) _____

Full Name (Marathi as per HSC) _____

Gender _____

Date of Birth _____

Email _____

Mobile Number _____

Aadhar Card No _____

PAN Card No _____

Category _____

Sub Caste _____

Domicile No _____

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Parent Mobile No _____

Current Address _____

Permanent Address _____

Nationality _____

Birth Place _____

Country _____

Special Reservation _____

B. Present Course Details

College Name _____

Faculty Name _____

Stream Name _____

Admission Academic Year _____

Course Type _____

Course _____

Course Duration _____

Category of Admission _____

Date of Admission _____

Possible Completion Date _____

Type of Quota _____

C. Entrance Details

CET Type _____

HSC Total Marks _____

Percentile _____

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Marks in English _____

Marks in Urdu/Arabic _____

Marks in Physics _____

Marks in Chemistry _____

Marks in Biology _____

Total PCB Marks _____

PCB Percentage _____

Registration & Eligibility Fees _____

HSC Board Details _____

SSC Board Details _____

Migration Required _____

GAP Certificate Required _____

D. Guardian Details

Relationship of Guardian _____

Mother Name & Mobile _____

Father Name & Mobile _____

E. Bank Details

Account Name _____

Bank Name _____

Bank Address _____

Account Number _____

IFSC Code _____

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Declaration

All above furnished is true to my knowledge. Any false information may lead to cancellation of admission.

Signature of Student: _____

Signature of Parent: _____

Date: _____