

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.co
m
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 _____

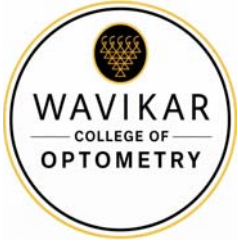
Type of Quota _____

C. Entrance Details

CET Type _____

HSC Total Marks _____

Percentile _____



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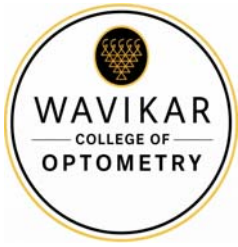
Marks in English	_____
Marks in Urdu/Arabic	_____
Marks in Physics	_____
Marks in Chemistry	_____
Marks in Biology	_____
Total PCB Marks	_____
PCB Percentage	_____
Registration & Eligibility Fees	_____
HSC Board Details	_____
SSC Board Details	_____
Migration Required	_____
GAP Certificate Required	_____

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: _____