



SRM COLLEGE OF EDUCATION

NO: 7/7 THIRUVALLUVAR NAGAR, NEAR CHURCH, CIRCUS GROUND BYPASS ROAD
VANIYAMBADI - 635 751 | PH: 73 73 73 37 63, 73 73 73 37 65

ADMISSION APPLICATION FORM | SESSION 2026-2027

APP NO: SRM2026-0002	CAT: BC	TYPE: BSC	COURSE: BSC “ Optometry
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PERSONAL DETAILS

Full Name:	viki	Gender:	Female
Date of Birth:	2026-02-04	Nationality:	Indian
Mobile:	08667207812	Father Name:	test
Mother Name:	testing	Email:	m.vignesh8667207812@gmail.com

ADDRESS DETAILS

Present Address:	Mettu St		
Police Station:	aszgxv	District:	zdxcb
Pin Code:	635751	State:	Tamil Nadu
Permanent Address:	Mettu St		

GUARDIAN DETAILS

Father Occup.:	asf	Father Mobile:	08667207812
Mother Occup.:	sdfcgvbn	Mother Mobile:	08667207812

DECLARATION: I hereby declare that all information provided in this application is true and correct to the best of my knowledge. I understand that any false information may result in the cancellation of my admission.

Applicant's Signature