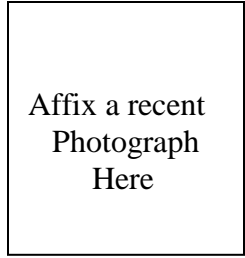


# Registration Form

**S.No.**

The Registrar  
Institute of Optical Advancement & Vocational Studies  
18/53 The Mall, Kanpur 208001



Dear Sir,

Kindly register my name for the following short term courses being offered by the Institute

<b>S.No.</b>	<b>Title of Course</b>	<b>Starting Date</b>	<b>Course Fee</b>
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1. ....

2. ....

**My particulars are given here under:-**

**Name**.....**Age**.....**Date of Birth**.....

**Father's Name**.....

**Educational Qualification**..... **Year of Passing**.....

**Years of Experience in Optical Business**.....

**Address**.....

**City**.....**Pin Code**..... **State**.....

**Phone No.**.....**Mobile**..... **Email**.....

**Any other information that the candidate may wish to provide**

.....  
.....  
.....

I am remitting herewith USD. .... towards course fee by Demand draft / NEFT in favour of  
**“Institute of Optical Advancement & Vocational studies, payable at Kanpur, India”**

Bank Account No.--**20119182192**  
Bank of Maharashtra,  
The Mall, Kanpur.  
ISFC Code--- AHB0000417

I agree to abide by the terms and condition of the Institute.

**Date**.....

**Signature of the Applicant**