# Institute of Ophthalmology, Joseph Eye Hospital, Melapudur, Trichy, TN

# PROSPECTUS & APPLICATION FORM Bachelor of Optometry

A four year Course affiliated to

The Tamilnadu Dr. MGR Medical University, Chennai



(Cost of Application & processing fee Rs.1500/- either by Cash or DD in favour of "INSTITUTE OF OPHTHALMOLOGY, JOSEPH EYE HOSPITAL" payable at "Tiruchirappalli")

Application fee can also be paid through RTGS/NFT to the Bank Account given below and the name of the candidate should be mentioned in the Purpose/ Remarks. The UTR number/ proof of transaction should be produced along with the application form.

Account No: 009301000014418

Name of the Account holder: Institute of Ophthalmology, Joseph Eye Hospital, Trichy

Name of the Bank: Indian Overseas Bank

Branch & Code: Cantonment Branch, Branch Code: 093

IFSC code: IOBA0000093

Online submission: Scan copy of the filled application and proof for the application fee paid

through RTGS/NFT can be sent to the email: principal.optom@iojeh.org

# JOSEPH EYE HOSPITAL

Melapudur

TIRUCHIRAPALLI - 620001, Tamilnadu, South India

Phone: 0431-2460622 / 2462862 Website: www.josepheye.in

Email: iojehtry@gmail.com; principal.optom@iojeh.org

## About the Course

Health care has seen tremendous advancements in the past. "The demand for professionally trained personnel in the large and growing field of allied health sciences has transferred geographical boundaries both developed and developing countries turning to India for qualified people.

India also is witnessing a growing demand for trained allied health professionals with government and private medical institutions engaged in providing with the necessary personnel. Employment opportunities are therefore available in plenty, so also the remuneration is attractive. What is needed is to make concerted efforts to provide competent paramedical graduates with the required training to take on the challenging world of healthcare.

It is with this background that Institute of Ophthalmology, Joseph Eye Hospital, Tiruchirappalli, South India has developed paramedical courses that combine paramedical education with a basic knowledge and training in it. This programmer aims at developing competence and provide students with facilities to perform their vocations immediately after their graduation.

## Profile of the Institution

The Institute of Ophthalmology, Joseph Eye Hospital, Tiruchirapalli, South India is a nonprofit, voluntary Christian Institution. The main aim is to impart education of the highest standards in the arts and science of Ophthalmic medicine and surgery and to equip the persons involved with the spirit of service in relieving the suffering and promoting the eye health in full recognition of the moral and spiritual basis of life, in relation tohealth.

Hospital founded in 1934 and the Institute founded in 1983 caters to the community at large, irrespective of the caste, creed and affordability.

The hospital out-patient department has apart from general Ophthalmology, subspecialty clinics for Glaucoma, Retina-vitreous, Cornea, Squint, Contact lenses, Pediatric Ophthalmology, Neuro ophthalmology, Low Vision and Plastic surgery with state of the art investigative and management equipments, updated infrastructure and expertise and sophisticated well equipped ophthalmic theatres to perform wide range of ophthalmic surgeries.

Under high volume, high quality, and low cost outreach programme, 25,000 operations are done every year for the restoration of sight. Over 3, 00,000 people are treated annually for various eye ailments. School screening and mobile eye camps are conducted every year. In addition to curative eye care, JEH is also involved in rehabilitation of blind people in three avenues of services, Bishop Diehl home for the Blind — institutionalized training centre, Community Based Rehabilitation, Integrated education for the blind and disabled children.

The institute with such abundant clinical material, competent faculty, adequate infrastructure, bed strength of 150, qualified staff, updated and state of the art equipments and teaching facilities, JEH has been involved in manpower development of various categories of personnel from 1978.

Since then, the institute has been training batches of Post graduates in Ophthalmology, Undergraduate in Optometry, Ophthalmic Technicians, Camp Organizers and other paramedical personnel.

# ELIGIBILITY FOR ADMISSION TO OPTOMETRY UNDERGRADUATE PROGRAMME (B.Optom):

- (a) Pass in Higher Secondary Course (TN state board/ CBSE / ISC) or equivalent examination with
  - i Physics, Chemistry, Botany and Zoology (OR) Physics, Chemistry, Biology and Mathematics subjects taken together at the qualifying examination after a period of 12 years ofstudy.
  - ii A pass in English with a minimum of 35% marks is mandatory for all categories for admission to the course.
- (b) A candidate shall, at the time of admission, submit to the Head of the Institution, a Certificate of Medical Fitnessdisclosing all existing medical conditions from an authorized Medical Officer certifying that the candidate is physically fit to undergo the academic course and does not suffer from any disability or contagious disease. The candidate should also produce Hepatitis vaccination certificate

#### AGE LIMIT FORADMISSION:

Every candidate should have completed the age of 17 years as on 31st December of the year of admission.

#### ANTI RAGGING POLICY

Ragging is considered as a serious offence that is totally prohibited in the institution.

Anyone found guilt y of ragging and / or abetting ragging, whether actively or passively, or being part of a conspiracy to promote ragging is liable to be punished in accordance with the regulations given under National Medical council as well as under the provisions of any penal law for the time being in force.

#### **REGISTRATION:**

A candidate admitted to the Bachelor of Optometry (B.Optom) Degree Course shall register his / her name in the prescribed application form for registration duly filled along with the prescribed fee and a declaration in the format, to the Academic Officer of the University through the affiliated Institution within 60 days from the Cut-off date prescribed for Bachelor of Optometry Degree Course for admission.

#### **DURATION OF THECOURSE:**

The duration of the Bachelor of Optometry Degree course shall be three academic years and one year internship (4 yrs).

### **COMMENCEMENT OF THECOURSE:**

The course shall commence ordinarily from August of the academic year.

#### **MEDIUM OF INSTRUCTION:**

English shall be the medium of instruction for all subjects of study and examinations will be conducted only in English.

#### **CURRICULUM:**

The Curriculum and the Syllabi for the course shall be as prescribed by The Tami Nadu Dr. MGR. Medical University, Chennai from timeto time.

#### ATTENDANCE REQUIRED FOR ADMISSION TO EXAMINATIONS:

- (a) No candidate shall be permitted to appear for the University examinations, unless he/she attends the course for the prescribed period and produces the necessary certificate of attendance and satisfactory conduct from the Head of theInstitution.
- (b) Every candidate is required to put in a **minimum of 90% attendance** both in theory and practical separately in each subject for admission to the examination.
- (c) A candidate lacking in the prescribed attendance in any subject in theory and /or practical shall not be admitted to the entireexamination.

#### **GENERAL INSTRUCTIONS**

**Uniform:** Boys - White Pant & white shirt and black shoes. Jeans and designed shirts/

T-shirts are not allowed

Girls: White Salwarkameez with white Dhuppatta and black cut shoes. Hair should

be put-up with black clip. Flowers and gold ornaments are not allowed

**Retinoscope** A Streak retinoscope, preferably "Heine / Welsch Allen" is to be purchased for the

usage of the student at the start of course.

Usage of electronic gadgets (cellphones, tab, Laptop, notepad etc) are prohibited in the classrooms and hospital premisesother than during online classes. If found using at other times, spot fine will be levied and the gadget will be confiscated

Annual course fee structure is as follows:- (w.e.f. academic year 2020-21)

| Bachelor of Optometry - 3 Years + 1 Year Internship |               |  |  |
|---|---------------|--|--|
| Details   | First<br>Year |  |  |
| Tuition/Course Fees (Rs.) □                         | 80,000        |  |  |
| Admission/ Enrolment (First year)                   | 2,000         |  |  |
| Equipment Utility fee(Rs.)                          | 25,000        |  |  |
| Library fee (Rs.)                                   | 7,000         |  |  |
| Laboratory Fees (Rs.)                               | 6,000         |  |  |
| Total   | 1,20,000      |  |  |

Note: 

Tuition/Course fee and other fee are subjected to revision. Fee once paid will not be return back on any circumstances

University Registration fee (First year only) & Examination fees (as prescribed by the university every year) will have to be paid separately.

Cost of Application & processing fee Rs.1500/- either by Cash or DD in favour of "INSTITUTE OF OPHTHALMOLOGY, JOSEPH EYE HOSPITAL" payable at "Tiruchirappalli".

Application fee can also be paid through RTGS/NFT to the Bank Account given below and the name of the candidate should be mentioned in the Purpose/ Remarks. The UTR number/ proof of transaction should be produced along with the application form.

Account No: 009301000014418

Name of the Account holder: Institute of Ophthalmology, Joseph Eye Hospital,

Trichy Name of the Bank: Indian Overseas Bank Branch & Code: Cantonment Branch, Branch Code:

093 IFSC code: IOBA0000093

The proof for the money transaction to be attached along with the application

#### **Submission of filled-in application:**

Duly filled in application along with Xerox copy of the required certificates and application fee should be submitted either by post, scan copy by email or in person to

THE ASSISTANT REGISTRAR

INSTITUTE OF OPHTHALMOLOGY

JOSEPH EYE HOSPITAL, Melapudur

TIRUCHIRAPALLI – 620001, Tamilnadu, South India

Online submission: Scan copy of the filled application, HSC Mark statement and proof for the application fee paid through RTGS/NEFT can be sent to the email: iojehtry@gmail.com; principal.optom@iojeh.org

# INSTITUTE OF OPHTHALMOLOGY, Joseph Eye Hospital, Tiruchirappalli - 620001

# <u>Bachelor of Optometry Degree Course – 2021</u> <u>Application Form</u>

Photo

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|   |   |       |     |   |
|   |   |       |     |   |

| <ul><li>□ Write in CAPITAL LETT</li><li>□ Fill the form carefully with</li></ul> | ERS only nown handwriting and do not type. |                   |       |  |  |  |
|--|--|-------------------|-------|--|--|--|
| Name of the Candidate:   |  |                   |       |  |  |  |
| Initials:  | Expansion ofInitials:                      |                   |       |  |  |  |
| Name inTamil:  |  |                   |       |  |  |  |
| Gender: Male/Female  | Date of Birth: /(DD/                       | MM/YEAR)          |       |  |  |  |
| Father'sName   | Mother'sName:                              |                   |       |  |  |  |
| Nationality:   | Religion:                                  |                   |       |  |  |  |
| Community:   | _OC/BC/MBC/SC/ST (Enclose Comm             | unity Certificate | copy) |  |  |  |
| Blood Group:Willingness to Donate Blood: Yes /No                                 |  |                   |       |  |  |  |
| Permanent Address:   |  |                   |       |  |  |  |
|  |  |                   |       |  |  |  |
|  |  |                   |       |  |  |  |
| Pincode:   | _District:                                 | State:            |       |  |  |  |
| Telephone: Landline with STDCode:  |  |                   |       |  |  |  |
| Mobile:  | E-Mail:                                    | _@                |       |  |  |  |
|  |  |                   |       |  |  |  |

## **Educational Qualification:**

| Exam<br>Passed | Board | School | Place | District | State |
|----------------|-------|--------|-------|----------|-------|
| X / SSLC       |       |        |       |          |       |
| XI /<br>HSC    |       |        |       |          |       |

Marks Obtained (Fill applicable subjects)

| Subjects | English | Physics | Chemistry | Botany | Zoology | Biology | Maths | Language          | Total |
|----------|---------|---------|-----------|--------|---------|---------|-------|-------------------|-------|
|          |         |         |           |        |         |         |       | Tamil /<br>French |       |
| X        |         |         |           |        |         |         |       |                   |       |
| XI       |         |         |           |        |         |         |       |                   |       |
| XII      |         |         |           |        |         |         |       |                   |       |

## Eligibility Certificate obtained: (Yes / No )

Only students who studied other than Tamilnadu State Board schools should get Eligibility certificate from "The Tamilnadu Dr. MGR Medical university, Chennai" and a copy should be enclosed along with the application form.

# **DECLARATION BY THECANDIDATE**

| I  | do hereby solemnly and sincerely affirm that the                                      |
|--|---|
| statement made and information furnished in      | n my application and also in all the enclosures thereto                               |
| submitted by me are true. Should it howev        | er be found that any information furnished thereto is                                 |
| untrue in material particulars, I realize that I | am liable for criminal prosecution besides forgoing my                                |
| seat in the Institute at anystage.               |   |
|  |   |
| SignatureofParent/Guardian                       | Signature of theCandidate   |
| Station: ————                                    | Date: ————  |
|  |   |
|  |   |
|  |   |
| CONSENT FOR                                      | R PERIPHERY POSTING   |
| Ipai   | rent/guardianof   |
| understand that as per the curriculum of the c   | course, during internship period my ward will be posted                               |
|  | of the periphery units of Joseph Eye Hospital, Trichy ALUR, VIRUDHUNAGAR, PERAMBALUR, |
|  | PATHUR and other hospitals on a rotatory basis for                                    |
|  | that I will bear the expenses for transport, boarding and                             |
| training arrangement without any hesitation.     | er he/she is posted. I hereby give my consent for the                                 |
|  |   |
|  |   |
| Date:  | Signature ofParent/Guardian   |
| Place:   | Name:   |
|  |   |
|  | Signature of Candidate  |

#### **CHECKLIST FOR ENCLOSURES**

(All the Xerox copies (3 copies each) of the certificates should be attested by a Gazetted Officer and if selected, original certificates along with attested Xerox copies should be submitted **at the time of admission**)

- 1. 10<sup>th</sup>Standard Mark List
- 2. +1 and +2 Mark List (3 copies)  $\square$
- 3. Transfer Certificate issued from school last studied
- 4. CommunityCertificate
- 5. Extracurricular activities
- 6. Migration certificate for other statecandidates
- 7. Eligibility Certificate for other state, other than Tamilnadu state board candidatestobeobtainedfromTheTamilnaduDr.MGR Medical University, Chennai beforeadmission
- 8. Passport Size Photograph (2Nos.)
- 9. Blood Group, Medical Fitness and Hepatitis vaccination Certificate
- **❖** HSC Mark sheet will be sent for verification to the Directorate ofGovernment Examinations, Chennai