

Institute of Skill Development & Training, Nashik (ISDT)

Chowk No.3, Near MSEB sub Station, Govind Nagar,
Mumbai- Agra highway, Nashik - 422009,
Phone : (0253) 2471102, E-mail:info@isdtindia.com



Admission Form

Serial No.: _____ ☐ Certified Dispensing Optician (CDO)
Date : _____ ☐ Optical Counter Management
PRN No. _____ ☐ Diploma In Optometry
☐ Refractionist

Section 1 :- Personal Details

Student Name : _____

Surname

First Name

Middle Name

Mother Name : _____

Name on Certificate : _____

(as per your documents)

Gender : M ☐ F ☐ Marital Status Married ☐ Unmarried ☐

Date of Birth: Place of Birth : _____

Blood Group : _____

Email : _____

Nationality : _____

Religion : _____

Caste : _____

Category : _____

Mobile No.: _____

Whatsapp No. _____

Alternate No.: _____

Emergency No. _____

Aadhaar Card No.: _____

Education : _____ Branch : _____

Arts	<input type="checkbox"/>
Commerce	<input type="checkbox"/>
Science	<input type="checkbox"/>
Other	<input type="checkbox"/>

Section 2 :- Address Details

Permanent Address : _____

City : _____ Dist. / Taluka : _____ State : _____ Pincode : _____

Shop / Firm Name : _____

Shop Address : _____

City : _____ District / Taluka : _____ State : _____ Pincode : _____

Firm Establishment Year : _____

Experience Month / Year : _____ How to Send Study Material : Speed Post : ☐ Courier : ☐

Section 3 :- General Information / Survey

General Information	Nos.	
01. How many No. of Eye Testing you do Daily ?		
02. How many Eye Testing you do Monthly ?		
03. How many Patient do you send for Next Treatment Monthly ?		
04. How many Progressive Lenses you dispense Monthly ?		
What do you except from this course ?	Knowledge	
	Regulatory Concern	
	For Certificate	
	All of the Above	
	If any Other please mentions	

Would you like to join other ISDT courses in future ? Yes ☐ No ☐

Section 4 :- Declaration

I, in my free volition and full understanding decided to enroll myself for CDO Course, after independently verifying and confirming all the facts and information that is given in prospectus / information booklets and explained to me by ISDT representative.

I am giving my consent to be a member of ISDT'S Alumni Association.

Signature of Applicant : _____

Section 5 :- Payment Details (for Office Use Only)

Total Fees : _____ Fees Paid : _____ Balance Fees : _____

Date & Time of Payment : _____ Fees Due Date : _____

Bank Name : _____ Branch : _____ City : _____

Mode of Payment : ☐ Online : ☐ Cheque : ☐ D.D.: ☐

No. of Cheque /DD /UTR/ IMPS/CAM ID																			
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Any Other Comments : _____

Batch Start Date : _____ Batch End Date : _____ NSDC Reg.No.: _____

Admission By : _____ Signature : _____

Note : 1.Use QR Code for Payment

2. Kindly cash deposit in ISDT current account and please send the receipt on **9011131444**

3. Please Online Transfer or Pay Fees only on ISDTPL account

Section 6 :-For Office Use

Verification Comments : _____

Other Comments : _____

Verification by :

Verification Signature & Date :