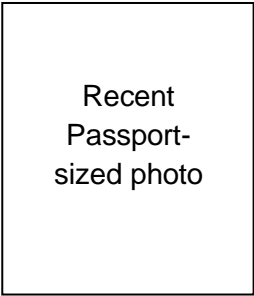




EXAMINATION BOARD OF ASSOCIATION OF MALAYSIAN OPTOMETRISTS

Application To Sit for The Professional Qualifying Assessment for Registration of Optometrists Under Section 19(2) Optical Act 1991



- 1. Full Name of Applicant:
2. Citizenship status:
3. Date of Birth :
4. (a) Residential Address:
(b) Postal Address:
5. Particulars on Qualification:
6. Marital status: Single / Married / Divorced*
7. Contact Information:
8. Preferred refraction tool: Phoropter* / Trial frame and Trial lens set*
9. Vaccination Status for COVID-19 : First Dose / 2 dose Completed / Booster Dose Completed
10. Payment Details:

Date

Signature of applicant