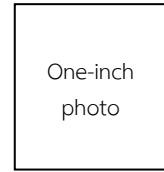


**Application for License for
Practice of the Art of Healing through Optometry**



Written at.....

Date.....Month.....Year.....

1. Name (Mr./Mrs./Miss)..... Age.....years

Date of birth (D/M/Y).....Nationality.....

Race.....Religion.....

2. Identification Number.....

3. Address: House Number.....Village Number.....

Alley/Lane.....Road.....Sub-district.....

District.....Province.....

Postcode.....Telephone.....Fax.....

4. Current workplace.....Number.....Village Number.....

Alley/Lane.....Road.....Sub-district.....

District.....Province.....

Postcode.....Telephone.....Mobile.....

Fax.....E-mail.....

5. I possess professional knowledge through my education and have been awarded a degree or a certificate equivalent to a bachelor's degree in Optometry from.....

..... in (year).....

6. I would like to apply for the License for Practice of the Art of Healing through Optometry in accordance with Section 31 of the Practice of the Art of Healing Act, B.E. 2542 (1999), and I have attached the following documents herewith:

6.1 Three one-inch straight face pictures without a cap/hat or sunglasses
(Polaroid not allowed)

6.2 One copy of House Registration

6.3 One copy of ID Card

6.4 One copy of a degree certificate or a certificate in Optometry

6.5 A medical certificate covering 7 diseases

6.6 Other evidence (Please specify).....

Signature.....Applicant

Print name (.....)