

To,

**INDIAN ACADEMY OF OPTOMETRY,  
No.716, KNP Road  
Karamadai , Near PHC Hospital  
Coimbatore - 641104 - Tamil Nadu**

We are pleased to convey your appointment as a **Skill Development Partner** for the online and blended courses offered by **JUx** specified in the Application Form.

The validity period of this letter of appointment shall be co-terminus with that of the MoU signed by you with **JUx - The Learning Hub**.



A handwritten signature in black ink, appearing to be 'D. M. S.', written over a horizontal line.

**Authorised Signatory**