

SL.NO.

COURSE NAME

REGD.NO.

Name in Capitals:

Date of Birth:

Age

Sex : Male

Female

Name of Father/Guardian/Husband:

Occupation of the Father/Guardian/Husband:

Permanent Address with Contact No:

Mobile No:

Dist

State

Pin

Present Address with Contact No:

Dist

State

Pin

Educational Qualification :

Name of Examination	Board/University	Year of Passing	Percentage of Marks
HSLC/SSC			
HS			
Degree			
PG			
Others			

DECLARATION

I hereby declare that all the above mention information is true. And I agree to abide by the rules and regulation of the institution/organization.

Place :

Date :

Signature

FOR OFFICE USE ONLY

Date of Admission :

Amount :

Time of Admission :

Optional day of Classes :

Time of Classes :

Verified by