

APPLICATION FORM: SESSION 2006 - 07
(PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS)

Batch
Course.....

Time
Form No.....

Name of the Candidate:

Date of Birth:

Present Address:

Affix a
recent
passport
Size
Photograph

Tel. with STD Code: Cellular No:

Permanent Address:

Sex (Male/Female): Nationality:

Present Occupation :

Educational Qualifications:

Name of Examination	Name of School / College	Year of Passing	Board / University	Percentage of Aggregate marks

Other Qualifications (if any):

Details of Extra Curricular Activities:

Activity	Participation Level (District, State, National)	Achievement
1.		
2.		
3.		

Details of Family:

Father's Name:	<input type="text"/>	Occupation:	<input type="text"/>
Mother's Name:	<input type="text"/>	Occupation:	<input type="text"/>
Office Address:	<input type="text"/>		
STD Code:	<input type="text"/>	Tel:	<input type="text"/>
		E-mail:	<input type="text"/>

Declaration

This is to certify that the above given information is true as per my knowledge. If any information is false, misleading or incorrect, I will be responsible for the consequences. I shall abide by the code of conduct and discipline prescribed by the institute and authorities.

Date:	<input type="text"/>	Place:	<input type="text"/>
Signature of Applicant:	<input type="text"/>	Signature of Parent or Guardian:	<input type="text"/>

(For Official Use)

Registration No:	<input type="text"/>	Invoice No :	<input type="text"/>	Receipt No. :	<input type="text"/>
Name of the Candidate:	<input type="text"/>				
Course:	<input type="text"/>	Session:	<input type="text"/>		
Study Centre:	<input type="text"/>				
Date:	<input type="text"/>				

The candidate may be granted admission as above.

The candidate's application should not be considered.

Signature of Admission Officer