

APPLICATION FORM: SESSION 2016-17

Course

Batch-Code.....

Time

Form No.....

(PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS)

Name of the Candidate:
(Mr. Miss. Mrs.)

Date of Birth:

Age:

Gender (Male/Female)

Nationality:

Present Address:

Permanent Address:

Tel. with STD Code:

Mobile No:

E-mail:

Present Occupation:

STD Code:

Tel.:

Educational Qualifications:

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

Other Qualifications (if any):

Affix a recent
Passport
Size
Photograph

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"/>
Tel. With STD Code:	<input type="text"/>	Mobile No.:	<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:

Place:

Signature of Applicant:

Signature of Parent or Guardian:

(Note: Fees, once paid, shall not be refunded.)**(For Official Use)**Registration No: Invoice No: Receipt No. : Name of the Candidate: Course: Session: Study Centre: Date: Remarks:

Signature of Admission Officer