



ADMISSION FORM

| | |
|---|--|
| For office use only | |
| Program : | |
| Stream : | |
| Batch : | |
| Reg. No. : | |
| Scholarship Obtained : <input type="checkbox"/> % | |

(Fill in the Blanks with CAPITAL LETTERS)

- 1. Applicant's Name :
- 2. Father's Name :
Occupation :
- 3. Mother's Name :
Occupation :
- 4. Date of Birth : 5. Sex :
- 6. Category : Gen OBC SC ST
- 7. Educational Details :



| Exam | Board | School/College | Year | Total Marks (%) |
|------|-------|----------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

- 8. Present Address :
- 9. Permanent Address :
- 10. Contact :

| | | |
|-----------------|---|----------------------|
| Parents | : | <input type="text"/> |
| Local Guardians | : | <input type="text"/> |
| Student | : | <input type="text"/> |

"I declare that all above INFORMATIONS are true and I shall be responsible for any type of MISTAKES & WRONG INFORMATIONS."

Father's / Guardian's Signature
 Date :

Applicant's Signature
 (in Presence of Authority)
 Date :

Authority Signature