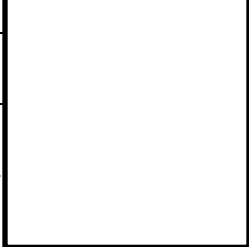# ADMISSION FORM

Student Name _____

Student / Aadhar No._____

Date of Birth_____

Gender: Male/ Female _____**Category: Gen/ Sc /Obc**_____

Father Name_____

Mother Name_____

Address_____**Pin Code**_____

City_____**District**_____**State** _____

Mob._____**E-mail Id** _____

Course _____

Total_____**Deposit Fee**_____**Balance** _____

Fee Schedule_____

Academic Qualification:

Examination Passed Class	Board University	Year Of Passing	Obtained Marks	% of Marks
10th				
12th				
Graduation				
Post-Graduation				
Any Other Qualification				

Declaration: I affirm that all the Information provided in the application form is true to my knowledge and belief. I also agree to abide by the rules & regulation of the Institute & Condition printed over leaf. On being granted admission. I also agree to pay all the fees and other charges as per the schedule formed by the Institute. Fee once paid will not be refunded or adjusted in any case

Date: _____   **Signature of Applicant**