



FOR OFFICIAL USE ONLY

Enrollment No.	Year	Course	Counsellor

Application for admission to :

Specialization in (Compulsory) :

1. Full Name

(in Block LETTERS)

Surname :

First Name :

Middle Name :

2. Father's Name/Husband's Name :

3. Mother's Name :

4. Date of Birth (Please enclose certificate)

D	D	M	M	Y	Y	Y	Y

5. Address for Correspondence :

House No.

Mohalla/Street

City/Town/Village

District _____ State _____ Pin Code

6. Contact Number Office:- _____ Residence :- _____

Mobile _____ e-mail :- _____

Affix
a selfattested
passport
size
photograph

7. Permant Address

(please enclose residential certificate from concerned state government authority)

House No. Mohanlla/Street City/Town/Village District State Pin Code 8. Whether Male Female Married Unmarried

9. Nationality :

10. Details of educational qualifications from Matriculation onwards

(Please enclose certificates attested by a gazetted officer)

Examination passed	University/Board/ Institution/Conuncil of Examination	Year of passing	Percentage marks	Division /Class/ Grade

11. Work Experience (Starting with most recent one) :-

12. Exam Option : Open Book Study Center Online

Verification/ Information to be furnished by the Head of the Administration Department of the Institution :

Signature of Candidate

Fees once paid will not be refunded or adjusted in any conditions under any circumstances

I agree to pay Rs. 500/- if in case my cheque is dishonored.

Xerox copy of Marksheet & Certificate in proof of all examination passed should be attached.

it is verified that information filled in the above mentioned columns by

Shri/Smt/Kumari _____ who is admitted in _____ course for the session _____ in _____ branch is correct.

Total Course Fee : Rs _____ Date : _____

Payment Detail Cheque / Cash / DD / Online / Credit Card

Signature & Stamp of the Authority