	ADMISSION FORM	A 1º -•
Ple	ease Complete this form in BLOCK LETTERS	Applicatio
	AME OF THE COURSE	
	ERSONAL DETAILS	
1.		
	Surname Name Father's Name Mother's Name	
2.	Date of Birth :	
	Day Month Year	
3.	Nationality :	
4.	Marital Status :	
5.		
J.		
	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans	
,	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans and attach a supporting State Goverment certifiacte.	IT DT Other
6.	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans	IT DT Other
6.	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans and attach a supporting State Goverment certifiacte.	IT DT Other
6. 7.	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans and attach a supporting State Goverment certifiacte. Name and residential address of parent/husband :	IT DT Other
	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans and attach a supporting State Goverment certifiacte. Name and residential address of parent/husband : Phone :	IT DT Other
	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans and attach a supporting State Goverment certifiacte. Name and residential address of parent/husband : Phone : Father's/husband's occupation/designation : Name of father's/husband's organisation and address :	IT DT Other
7.	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans and attach a supporting State Goverment certifiacte. Name and residential address of parent/husband : Phone : Father's/husband's occupation/designation : Name of father's/husband's organisation and address : Phone	IT DT Other e :
7. 8. 9.	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans and attach a supporting State Goverment certifiacte. Name and residential address of parent/husband : Phone : Phone : Phone Name of father's/husband's organisation and address : Phone Father's/husband's income :	IT DT Other e :
7. 8.	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans and attach a supporting State Goverment certifiacte. Name and residential address of parent/husband : Phone : Father's/husband's occupation/designation : Name of father's/husband's organisation and address : Father's/husband's income : Mother's occupation/designation :	IT DT Other e :
7. 8. 9. 10.	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans and attach a supporting State Goverment certifiacte. Name and residential address of parent/husband : Phone : Phone : Phone : Phone Name of father's/husband's organisation and address : Phone Father's/husband's income : Phone Father's/husband's organisation and address : Phone Mother's occupation/desigation : Phone	IT DT Other e : e :
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7. 8. 9. 11. 11.	If a member of scheduled caste/schedule tribe/community SC ST N classified as backward class, tick off the oppropriate columans and attach a supporting State Goverment certifiacte. Name and residential address of parent/husband :	IT DT Other

	ACADEMIC QUALIFICATIONS							
details	Examination	Name and Address of School / College University / Institution		Marks Obtained/ Out of	%	Class/ Division		
must complete erleaf	SSC/ICSE/Std. X	Name ; Address :						
	H.S.C. / STD XII	Name ; Address :						
	Bachelors' Degree	Name ; Address :						
Candidates required ov	Post Graduate	Name ; Address :						

*If Bachelor's degree results are awaited, Please fill in Second Year Degree marks and percentage.

Mark	Σ.			
LAN	GUAGE PROFICIENCY	Read	Write	Speak
Engli	sh			
Hind				
Regio	onal Language (Specify)			
Any o	othe <u>r</u>			
SPEC				
	DEMIC :			
	A CURRICULAR :			
	VAL INTEDECTC			
HOB	BIES;			
cou	RSE PARTICULARS			
1.	Have you taken any Cou name them	urse at this Institution	before ? Yes	NoIf Yes,
	1		Year :	
	2			
2.	Have you applied for an YesNo If yes, nar 1.	-	institute or elsewhe	re this year ?
	2.			
	3			

3. Is hostel accommodation needed ? Yes <u>No</u> (Please tick) If Yes, please fill in a separate hostel form.

PLEASE ATTACH TO YOUR APPLICATION FORM :

Attested photocopies of certificates in support of the information supplied

- I) Mark Sheet of qualifying exam for course selected
- ii) Certificates: School Leaving Certificate, Certificates of Additional Qualifications, Work
- Experience or Training, with name of establishment, institution, nature of duties, duration,. iii) The form has to be handed into the administrative office for registration.

I hereby certify that the above mentioned information is true to the best of my knowledge. I agree to abide by the Rules and Regualtions laid down in the Prospectus and those which may be formulated later.

Date

Signature of Applicant

Admission is not confirmed until the fees are paid.

For Office Use Only :	Reg. Fees paid on
Interviewed on :	Adm./Not Adm./W.L.Sign
Admission finalised on :	Sig. Director
1st Term Fees pd. on	Sig. of Cashie <u>r</u>
2nd Term Fees pd. on :	Sig. of Cashier