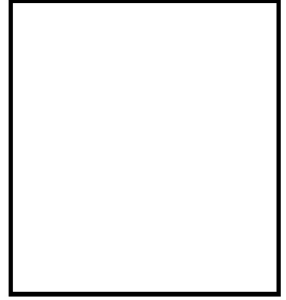


ADMISSION FORM

No:-

(This form is to be filled in the applicant's own hand writing in block letters)



Name of Candidate

Father's Name

Postal Address

Postal Address

Date of Birth Gender: M/F

Educational Qualification

Course Name Course Code

I hereby declare all particulars stated in this application are true to the best my knowledge and belief.

Encloser (i) Two copies pass port size photo (ii) Photocopy of age proof certificate.

Signature of Candidates

For Office Use Only

Enrollment No: _____ Centre Code: _____

Course period: Starting Month _____ Completion Month _____

Date:- _____

Signature of Head of Institute