



ADMISSION FORM

Course Details :

Name of the course applied for : _____

Specialization (if any)

Session :

Candidate Details :

Name in Full : Shri / Smt / Kum :

Father's Name :

Mother's Name :

Address for Correspondence :

Pin

Telephone No.

Mobile No.

E-mail ID :

Permanent Address :

Pin

Marital Status : Married () Unmarried () Other (pl. specify) ()
(Please tick whichever is applicable)

Date of Birth (DD/MM/YY) :

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Gender : Male () Female ()

(Please tick whichever is applicable)

Photograph

Educational Qualifications

| Degree | Name of Institution | University / Board | Month & Year of passing | Percentage |
|--------|---------------------|--------------------|-------------------------|------------|
| | | | | |

Any other qualifications, please specify :

Experience details :

| Name of Employer | Date of Joining | Date of Leaving | Designation | Nature of work |
|------------------|-----------------|-----------------|-------------|----------------|
| | | | | |

Examination Options :

Classrom System () Online Test () Exam From Home ()

Fees Payment Options:

Cash () Cheque () Demand Draft ()

Cheque/DD Details : Amount _____ Dated _____ Drawn on : _____

Cheque / DD No. _____

Declaration

I, _____, Son/Daughter of _____, hereby declare that all the statements made in this application are true/correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect; my candidature for said programme is liable to be cancelled/rejected at any stage without giving any notice to me.

I declare that I have checked the website for complete details in respect of admission criteria, duration, fee, memberships etc. before applying to the course opted for. I also agree that in case of withdrawal/ cancellation / rejection from the course applied, my fee will not be refunded/adjusted.

Date :

Place :

(Signature of the Applicant)

For Office Use only:

Name of the Counselor : _____

Name of the Team Leader: _____

Documents Attached :

- A Latest CV or Resume
- Photocopy of Academic Certificates
- Three Passport Size Photographs
- Non-refundable Fee

Received by :

Date : _____