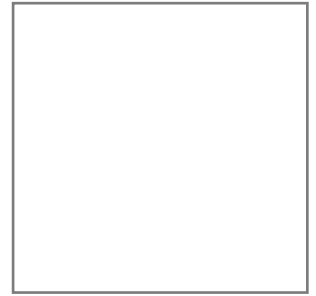




Admission form

Form no. _____



Personal Details (BLOCK LETTERS)

First _____ Middle _____ Last _____

Date of Birth / / Place of Birth _____ Gender (Tick) (F) (M)

Address _____

City _____ Pin _____

Phone _____ Mobile _____

Nationality _____ Religion _____ Email-Id _____

Blood Group _____ Height _____ Weight _____ Identification Mark _____

Passport No. _____ Date of Issue / / Expiry Date / / Country of Origin _____

Father's Name _____

Phone No. _____ Email-Id _____

Mother's Name _____

Phone No. _____ Email-Id _____

Guardian's Name _____

Phone No. _____ Email-Id _____

Academic Qualification	School / College	Board	Year	% of Marks

I declare that all information given are true to the best of my knowledge

Date _____ Batch _____ Full Signature & Date _____