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ADMISSION FORM

Past Your
Recent
Passport size
Photograph

Regular Course	Weekend Course	Postal Course	Test series
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Name (In Block Letter)

Date of Birth (DD/MM/YY) Sex M F

Father's Name:

Mother's Name:

Mailing Address:

Pin Number Phone (Basic) + 9 1

Mobile No: + 9 1 E-mail ID:

Education Details:

Education	Year of Passing	%	Division	Institution Board

Subject _____ Course _____

Payment Mode: Online Cheque Account No. _____

Rs. _____ By Cheque/Draft No. _____ Date: ___/___/20__

Bank _____ Brach _____ City _____

Date ___/___/20__

Sign. Of Application

(For Official Use)

Enrollment No _____ Date of Admission _____ Brach _____

Authorized Signatory