

Photo

IFTHA ADMISSION FORM

1. Name of the Student

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2. Date of Birth

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4. Completed Course:

3. Address for Correspondence

5. Institution:

Pin code:.....

Phone No.:.....

6. Name of Father :.....

Mob No.:.....

Educational Qualification:.....

Occupation:.....

7. Name of Mother:.....

Mob No.:.....

Educational Qualification:.....

Occupation:.....

10. Name of Local Guardian & Relationship:.....

Address & Occupation:

Phone No.:.....

Mob No.:.....

Declaration by the Applicant

1. If my child discontinues the course at any moment for any reason I shall not be refunded the fee paid to the institution.
2. I undertake to abide by the rules and regulations of the school in respect of academics, code of conduct, discipline and moral education.
3. In the event of any act of indiscipline on my part of the decision of the management shall be final and binding on me.

Parents Guardian's Signature

Applicant's Signature

Place:

Date:

For Office Use Only

Admn. No.:.....

Director

Date :.....