



**INSTITUTE NAME:-** \_\_\_\_\_

Gram Umrikheda, Khandwa Road, Indore-452020, India

CORPORATE OFFICE : AGARWAL HOUSE, II FLOOR, 5 YESHWANT COLONY, INDORE- 452-003

Campus Phone No.:0731-4243600,2874623,2874625, Corp. Office Phone No. : 0731 - 2538874 Fax: 0731-4243620

Email: cdgi\_indore@cdgi.edu.in Website: [www.cdgi.edu.in](http://www.cdgi.edu.in)

Academic Year

2 0 2 4

2 5

Enrollment No. \_\_\_\_\_

Branch .....

Recent  
Passport Size  
Color  
Photograph of  
Student

**STUDENTS' ADMISSION FORM**  
**(UG/PG Course)**

- 01 STUDENT'S NAME : \_\_\_\_\_
- 02 FATHER'S NAME: \_\_\_\_\_
- 03 MOTHER'S NAME: \_\_\_\_\_
- 04 PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_ PIN CODE \_\_\_\_\_
- 05 PHONE NO. WITH STD CODE : \_\_\_\_\_
- 06 ADDRESS FOR CORRESPONDENCE : \_\_\_\_\_  
\_\_\_\_\_ PIN CODE \_\_\_\_\_
- 07 MOBILE NO (PARENTS ONLY) : \_\_\_\_\_ (STUDENT) \_\_\_\_\_
- 08 E-MAIL (PARENT) \_\_\_\_\_ (STUDENT) \_\_\_\_\_
- 09 DATE OF BIRTH: (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ 11. SEX: MALE / FEMALE \_\_\_\_\_
- 10 RELIGION(Please ✓ Tick) : HINDU/ MUSLIM / SIKH / CHRISTAN / OTHER \_\_\_\_\_
- 11 CASTE (Please ✓ Tick) : GEN ☐ OBC ☐ SC ☐ ST |
- 12 FATHER'S/GUARDIAN'S OCCUPATION: \_\_\_\_\_ ANNUAL INCOME: \_\_\_\_\_

**13 EDUCATIONAL DETAILS :**

Sr.	EXAMINATION	INSTITUTION NAME	YEAR OF PASSING	ROLL NO	MARKS OBT./TOTAL	%	REMARK

**UNDERTAKING FOR ATTENDANCE**

I \_\_\_\_\_, S/o Shri \_\_\_\_\_ hereby declare that I/my ward will attend the classes regularly and fulfill the attendance requirement of 75% in all theory and practical subjects as stipulated by RGTU, Bhopal/DAVV, Indore failing which the institution will have the full right to detain me/my ward from writing the RGTU/DAVV semester examination/ penalized as per the college rules. I/We read and understood and will abide by the aforesaid statement.

Signature of Student

Signature of Parent/Guardian

Signature of Head of the Department