

**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

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Enrollment No. _____**Academic Year****Brach**

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**