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| REGISTRATION FROM |

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| Space for photograph passport size photograph  please do not pin or Staple |
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Fill the from in BLOCK CAPITAL LETTERS (English) using BLUE/ BLACK ink only.

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ASC Code Course Code Others

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Course Name

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1. Full Name of the Applicant (as per certificate)

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1. Father’s Name (as per certificate)

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1. Mother’s Name (as per certificate)

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1. Complete Address for Correspondence to (do not repeat name)

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City/ District State Code Country Pin Code Telephone Number with STD Code

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Mobile No. E-mail ID

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1. Category (Please Tick it Applicable) 6. Date of Birth 7. Sex 8. Coursewar Medium

M-male

F-female

E-English

H-Hindi

SC ST OBC GEN Handicapped Other

9. Details of Qualifying Examination

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|  | Name of Board/  University | College /  School Name | Year of passing | %  Obtained |
| SSC/10th |  |  |  |  |
| Inter/12th |  |  |  |  |
| Degree |  |  |  |  |
| others |  |  |  |  |

**Declaration by the applicant**

I have read all the rules and regulations of the institute and admission to the course applied for I declare that the above information is true and correct to my knowledge and Belief and I full understand that my admission will Stan cancelled if any information by me is found to be false or twisted

Signature of Director

With Rubber Stamp &Date

Place:

Date:

Signature of Applicant

Form receiving date

FOR HEAD OFFICE USE ONLY

Enrollment No.

* Authorized Signature