

## STUDENT ADMISSION FORM

### 1. STUDENT DETAILS

Full Name:	Pulkit Singhal
Date of Birth:	2025-12-31
Gender:	Male
Mobile Number:	9026861110
Email Address:	pulkitdigitalsolutions@gmail.com
Permanent Address:	Sangam Place, 4th floor
Current Address:	Sangam Place, 4th floor
DGCA Computer Number:	4234
eGCA Number:	N/A
Medical Status:	Medical Class 1

### 2. PARENT / GUARDIAN DETAILS

Parent/Guardian Name:	sdfsdf
Relationship:	fdsfds
Mobile Number:	9918671867
Occupation:	dsfsdfds

### 3. ACADEMIC DETAILS

School/College Name:	fdsfs
Current Class/Year:	2025
Board/University:	fsdfs

**4. COURSE DETAILS****Course Name:** Licence Conversion**Mode of Class:** Physical Lecture**5. FEE STRUCTURE****Fees Paid:** No**6. DOCUMENTS SUBMITTED****Address Proof:** Attached**Passport Size Photo:** Attached**10th Marksheet:** Attached**12th Marksheet:** Attached**Aadhaar Card:** Attached**DECLARATION**

I hereby declare that all the information provided above is true and correct to the best of my knowledge. I understand that any false information may result in the cancellation of my admission.

**OFFICE USE ONLY****Gross Course Fee:****Registration Fee:****Discount:****Net Fee Payable:****Student Sign:****Date:****Administrative Sign:**

*This is a computer-generated document. For any queries, please contact the admission office.*





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**DATE :** 26-July-2015

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*Jack L. Bertrand*

**JACK L. BERTRAND**  
CREATIVE DESIGNER



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