

शक्ता रामर्पण SACCHA SAMARPAN

Registered: under societies registration Act XXI of 1860

C-14/2, Jawahar Park, Devli Road, Khanpur, New Delhi-110080 INDIA

Ph.: 9211458806 Email: sacchasamarpan@yahoo.com Web: www.sacchasamarpan.com

Paste your recent passport size photograph

ADMISSION FORM

Name Ms./ Mrs.		
Full Name of the Candidate:		
Date of Birth:// Marital Status:	Single Divorced	
Mobile : Residence/	Office :	
Email :		
Mailing Address (in block letters):		
	Pin Code:	
Nationality: Community (please tick $\sqrt{\ }$).	SC ST OBC GENERAL	
Physical Details : Height Weight	Blood Group	
Family Group Includes : Brothers :	Sisters :	
Whether Physical Handicapped? : Yes No		
How did you first hear about SACCHA SAMARPAN :		
EDUCATION ALOU	* I LEIG * PLON	
EDUCATIONAL QUALIFICATION		
Name of the school/college from which	n graduation or are graduating	
Name of School/College :	Std./Year :	
Address :	Phone :	
PARENT'S / GUARDIAN'S / S	SPOUSE INFORMATION	
Father's / Mother's / Guardian's / Spouse Name :		
Occupation : Salary :	Phone :	
Address :		

COURSE FEE PAYMENT PLAN

Registration fees Rs.:+Course fee Rs.:	Total payable Rs.:	
Net amount payable at the time of admission Rs.:		
I am enclosing Cash / Cheque / Demand Draft No.:	Date :	
Drawn on bank :	For Rs. :	
Rupees (in words) :	in favour of SACCHA SAMARPAN	
I would like to receive certificate with name :		
Course duration :		
Receipt No.: Date:	Batch Timing :	
Batch Days : Batch	Starting:	
UNDERTAKING		
By signing this I acknowledge that I have carefully read al 'Saccha Samarpan Society' professionals, including Saccha S of time with written notice. Any act contrary to the above so own risk and I shall agree to accept action taken by the 'Saccha Saccha	amarpan right to vary rates at any point aid rules by me/my wards shall be at my	
I hereby declare that all the material presented to 'Saccha Sa and specially acknowledged wherever adapted from other sit is shown that I have significantly misrepresented material certificate awarded to me on the basis of that material can authorities will be final in all respect. As a token of accepta applicable time to time, I sign below.	sources, I understand that if at any time al to the 'Saccha Samarpan Society', any be revoked. The decision of the institute	
Counter's Signature Father's/Mother's/Guardian's/Spouse	Applicant Signature	
Name :	Name :	
Date : Place :		