

8. Community : FC / BC / MBC / OBC / SC / ST (Please Circle over It)

9. Nationality : _____

10. Mother Tongue : _____

11. Other Languages Known : _____

12. Identification Marks : 1. _____

2. _____

13. Blood Group & Rh : _____

14. Medical Illness : _____

15. Any Allergies : _____ 16. Any Disabilities : _____

17. Educational details (Enclose attested copies of the certificates) :

Name of the Examination	Name of Board / University	Year of Passing	Total Marks secured	Maximum marks	Percentage

18. Name of the school with address : _____
(last studied)

19. Additional Qualification, if any: _____

20. Working experience, if any: _____

21. Reference : _____

CHECK LIST :

Whether copies of the following certificates are enclosed: (Mention Yes/No.)

a) Evidence of date of birth: _____

b) Certificate of Mark sheet: _____

c) Conduct certificate (from the school / college last studied): _____

d) Transfer certificate (from the school / college last studied): _____

e) Certificate of additional qualification, if any: _____

f) Aadhar card / Voter ID Card : _____

DECLARATION

I, _____
D/o-S/o-W/o. _____ hereby, solemnly declare that, the informations and the **statements** given in the application and the enclosures attached are true & correct. I further **declare** that if any information being found false or incorrect, my candidature at any stage is **liable to be cancelled**. I further understand that in case, I have **been admitted** in the Institute on the basis of **false and untrue** information, my admission is **liable to be terminated** forthwith without notice. I **will not claim** refund of Paid-Fees at any cost.

Signature of the Parent / Guardian

Signature of the Applicant

Place :

Date :

FOR OFFICE USE ONLY

Name of the candidate	:	
Course Name	:	
Qualification	:	
Percentage of Marks	:	
Medical examination	:	
Certificate Verification	:	

Documents verification done by :

Vice-Principal

Principal

Director