| Form BL No.       FOR/REG. NO.<br>(For Office Use Only)       State Code       Dist.Code       ASC Code       Student No.       Affix your*<br>Resent<br>paspot size<br>photograph         Fill up this application Form only in BLOCK CAPITAL Letters and Use (BLACK/BLUE) Ball Pen only.       Course Package Only       Image: Course Code       Course Package Only       Image: Course Code       Course Package Only       Image: Course Code       Student Address       Student Address         2. Applicati's Name*:       Image: Course Code       Course Duration       Course Package Only       Student Address         3. Student Father's Name*:       Image: Course Code       Image: Course Code       Course Code       Student Address         4. Student Mother's Name*:       Image: Course Code   | A  |           | cati<br>Foi | m  |                      | I |               | <b>ATIC</b><br>ed by : G<br>0001:2015 | overnme<br>Certified | ENTE<br>nt of India<br>Board) | R              | CR       |  |
|--|--|-----------|-------------|----|----------------------|---|---------------|---------------------------------------|----------------------|-------------------------------|----------------|----------|--|
| Fill up this application Form only in BLOCK CAPITAL Letters and Use (BLACK/BLUE) Ball Pen only.       passport size photograph         1. Course applied for*:       Course Course Code       Course Duration       Course Package Only         2. Applicant's Name*:       Course Course Code       Course Package Only       Student Age*         3. Student Father's Name*:       Student Father's Name*:       Student Father's Name*:       Student Father's Name*:       Student Age*         4. Student Mother's Name*:       Occupation*       Occupation*       Student Cord)       Student Age*         5. Date of Birth*       M       D       D       Y       Y       Y       Cast*       Student District*       10. Pin Code*         11. Mobile's No       Student Mob No*       Student Agehaar no.*       9. Student District*       10. Pin Code*         12. Education Qualification: If 10 <sup>th</sup> + Appeared in this year put Tick mark in the appropriate box       Intersent Address*       Intersent Address*         13. Education Qualification: If 10 <sup>th</sup> + Appeared in this year put Tick mark in the appropriate box       Intersent Address*       Intersent Address*         14. Ohreby declare that all the statements funnheld above are true to the best of my knowledge and belef. Tabo agree to abide by the rules & marks       Marks       Marks       Marks       Marks       Marks       Marks       Marks       Marks       Mar   | FUTILI SI, INU.  |           |             |    |                      |   |               |                                       |                      |                               |                |          |  |
| 1. Course applied for ::<br>(Put tack Mush in the appropriate Rao)       Course Code       Course Duration         2. Applicant's Name*:<br>(In is Mushyamik Admit Card)       Student Age*       Student Age*         3. Student Father's Name*:<br>(In is Mushyamik Admit Card)       Student Age*       Student Age*         4. Student Father's Name*:<br>(In is Mushyamik Admit Card)       Occupation*       Student Age*         5. Date of Birth*       M       D       D       Y       Y       Y         6. Student Addhaar no.*       Student Mobber's Name*:       Occupation*       Student District*       10. Pin Code*         11. Mobile's No       Student Mob No*       Interview Cardina Mob No       Interview Cardina Mob No       Interview Cardina Mob No         13. Education Qualification: If 10 <sup>th</sup> + Appeared in this year put Tick mark in the appropriate box       Interview Cardina Marks       Marks       Marks         14. Obtreby declare that all the statements furnished adova are true to the best of my Investige and belief. I also agree to abile by the rules & marks       Marks       Marks       Marks         14. Introducer/ Reference Name       15. Admission Date *       16. Signature Of Applicant & Center Seal & Sign.*       Interview Receipt       Marks       Signature Of Applicant & Center Seal & Sign.*         14. Introducer/ Reference Name       15. Admission Date *       16. Signature Of Applicant & Ce   |  |           | ic applicat |    |                      |   | lottors and U |                                       |                      |                               | passpo         | rt size  |  |
| (as in Mudhyamik Admit Card)   | 1. Course applied for*:  |           |             |    | -                    |   |               |                                       |                      |                               | photog         | ,        |  |
| (as in Mudhyamik Admit Card)       Occupation*         4. Student Mother's Name*:       Occupation*         5. Date of Birth*       M       M       D       D       Y       Y       Y       Cast*       Sc       ST       Gen       OBC       Oth.       7.       Blood Group         8. Student Aadhaar no.*       9. Student District*       10. Pin Code*       11. Mobile's No       Student Mob No*       12.       Student Present Address*         11. Mobile's No       Student Mob No*       12.       Student Present Address*         12. Education Qualification: if 10 <sup>th</sup> + Appeared in this year put Tick mark in the appropriate box       Post Graduation         Year of       Total       % of       Year of       Total       % of         Passing       Marks       Marks       Marks       Marks       Marks       Marks         I do hereby declare that all the statements furnished above are true to the best of my knowledge and belief. Lako agree to abide by the rules & regulations of the institute. Fee once paid will not be refunded or adjusted in any case       16. Signature Of Applicant & Center Seal & Sign.*         14. Introducer/ Reference Name       15. Admission Date *       16. Signature Of Applicant & Center Seal & Sign.*         14. Introducer/ Reference Name       15. Admission Date *       16. Signature Of Applicant & Center Seal & Sign.* <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>M</td> <td></td> <td></td> <td>ent Age*</td>   |  |           |             |    |                      |   |               |                                       | M                    |                               |                | ent Age* |  |
| S. Date of Birth*       M       D       D       Y       Y       Y       Y       Cast*       SC       ST       Gen       OBC       Oth.       7.       Blood Group         8. Student Aadhaar no.*       9. Student District*       10. Pin Code*       11. Mobile's No       Student Mob No*       12. Student Present Address*         11. Mobile's No       Student Mob No*       12.       Student Present Address*         13. Education Qualification: If 10 <sup>th</sup> + Appeared in this year put Tick mark in the appropriate box       Post Graduation         Year of       Total       % of       Year of       Total       % of         Passing       Marks       Passing       Marks       Marks       Marks         I do hereby declare that all the statements furnished above are true to the best of my knowledge and belief. I also agree to abide by the rules & regulations of the institute & conditions printed overleaf. On being granted admission, I also agree to pay all the fees and other charges as per the schedule for made by the institute. Seconditions printed overleaf. On being granted admission, I also agree to pay all the fees and other charges as per the schedule for made by the institute. Seconditions printed overleaf. On being granted admission, I also agree to pay all the fees and other charges as per the schedule for made by the institute. Seconditions printed overleaf. On being granted admission, I also agree to pay all the fees and other charges as per the schedule for made by the institute. Seconditions printed overleaf. On being granted adm  |  |           | ie*:        |    |                      |   | Occupatio     | on*                                   |                      |                               |                |          |  |
| Image: None of the instruct of | 4. Student Mother's Name*: Occupation*   |           |             |    |                      |   |               |                                       |                      |                               |                |          |  |
| 11. Mobile's No       Student Mob No*       12. Student Present Address*         13. Education Qualification: If 10 <sup>th</sup> + Appeared in this year put Tick mark in the appropriate box       13. Education Qualification: If 10 <sup>th</sup> + Appeared in this year put Tick mark in the appropriate box         13. Education Qualification: If 10 <sup>th</sup> + Appeared in this year put Tick mark in the appropriate box       Post Graduation         Year of       Total       % of         Year of       Total       % of         Passing       Marks       Passing       Marks         Marks       Passing       Marks       Marks         I do hereby declare that all the statements furnished above are true to the best of my knowledge and belief. I also agree to abide by the rules & regulations of the institute & conditions printed overleaf. On being granted admission, I also agree to pay all the fees and other charges as per the schedule for made by the institute. Fee once paid will not be refunded or adjusted in any case         14. Introducer/ Reference Name       15. Admission Date *       16. Signature Of Applicant & Center Seal & Sign.*         Class Time & Class Teacher       FOR OFFICE USE ONLY       Money Receipt         Received By       Received By   | 5. Date of Birth* M M D D Y Y  |           |             |    | Y Y Cast* SC         |   |               | T Gen                                 | OBC Oth              | . 7.                          | 7. Blood Group |          |  |
| 11. Mobile's No       Student Wob No   | 8. Student Aadhaar no.* 9. Student District* 10. Pin Code*   |           |             |    |                      |   |               |                                       |                      |                               |                |          |  |
| 10th Standard       12th Standard       Graduation       Post Graduation         Year of<br>Passing       Total<br>Marks       % of<br>Marks       Year of<br>Marks       Total<br>Marks       % of<br>Marks       Year of<br>Passing       Total<br>Marks       % of<br>Marks       Marks   |  |           |             |    |                      |   |               |                                       |                      |                               |                |          |  |
| Year of<br>Passing       Total<br>Marks       % of<br>Passing       Year of<br>Marks       Total<br>Marks       % of<br>Marks       Year of<br>Passing       Total<br>Marks       % of<br>Marks         I do hereby declare that all the statements furnished above are true to the best of my knowledge and belief. I also agree to abide by the rules &<br>regulations of the institute & conditions printed overleaf. On being granted admission, I also agree to pay all the fees and other charges as per the schedule for<br>made by the institute. Fee once paid will not be refunded or adjusted in any case       16. Signature Of Applicant & Center Seal & Sign.*         I do here & Class Time & Class Teacher       FOR OFFICE USE ONLY       Money Receipt       Image: Class Teacher   | 13. Education Qualification: If 10 <sup>th</sup> + Appeared in this year put Tick mark in the appropriate box  |           |             |    |                      |   |               |                                       |                      |                               |                |          |  |
| Passing       Marks       Marks       Passing       Marks       Passing       Marks       Marks       Passing       Marks  |  |           |             |    |                      |   |               |                                       |                      |                               |                |          |  |
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| FOR OFFICE USE ONLY Received By  |  |           |             |    | 13. Auti             |   |               |                                       |                      |                               |                | x JIGH.  |  |
| Beceived By  | Class  | Time & Cl | ass Teach   | er | FOR OFFICE LISE ONLY |   |               |                                       | Money Receipt        |                               |                |          |  |
|  |  |           |             |    |                      |   |               | F                                     | Received By          | /                             |                |          |  |