

# GANDHI INSTITUTE

## ADMISSION FORM

Form No:-0004587/\_\_\_

Bill/Receipt No:-

NAME - \_\_\_\_\_

FATHER'S NAME- \_\_\_\_\_

MOTHER'S NAME- \_\_\_\_\_

ADDRESS- \_\_\_\_\_

DATE OF BIRTH- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

GENDER: - MALE:  FEMALE:  (KINDLY PUT ✓ TICK MARK)

SESSION- \_\_\_\_\_

DATE OF ADMISSION- \_\_\_\_\_

UNIVERSITY-  ANDHRA UNIVERSITY  ACHARYA NAGARJUNA

COURSE-  B.Ed.  M.Ed.

BRANCH  BALANGIR  SAMBALPUR  BHAWANIPATNA  BHUBANESWAR

MOB-NO- \_\_\_\_\_

ALTERNATE MOB- \_\_\_\_\_

E-MAIL-ID- \_\_\_\_\_

TOTAL FEES- \_\_\_\_\_ (OFFICE USE ONLY)

ADMISSION FEES- \_\_\_\_\_ (OFFICE USE ONLY)

DATE:

PLACE:

SIGNATURE OF CANDIDATE

PASTE YOUR RECENT  
PASSPORT SIZE  
PHOTOGRAPH