

APPLICATION FORM

Admission Date: _____

Admission No : _____



METHODOLOGY:-

Signature

ADMISSION REQUIRED FOR:

MR No. : _____

NOTE: PLEASE USE CAPITAL LETTERS ONLY.

A. INFORMATION OF THE STUDENT

FIRST NAME

MIDDLE NAME

LAST NAME

FATHER NAME _____ MOTHER NAME _____

GENDER

DATE OF BIRTH (DD/MM/YYYY)

DATE OF BIRTH IN WORDS

BLOOD GROUP

RELIGION

CAST

NATIONALITY

AADHAR NO.

COMMUNITY

SC

ST

OBC

GEN

MOB NO.

/

E-MAIL

RESIDENTIAL ADDRESS

AT-

PO-

VIA-

DIST-

STATE-

PIN-

CORRESPONDENCE ADDRESS

AT-

PO-

VIA-

DIST-

STATE-

PIN-

Full Signature of the Student

EMERGENCY CONTACT NO. (RES/MOBILE)	NAME OF THE PERSON TO BE CONTACTED	RELATIONSHIP

B. DETAILS OF PREVIOUS STUDY

SN#	NAME OF THE INSTITUTION	LOCATION	PASS OUT YEAR	TOTAL MARK	MARK SECURE	%AGE
B.S.E						
C.H.S.E						
B.A / B.SC / B.COM						
ANY OTHER DEGRE E/COM PUTER KNOLO DGE						

C. ENCLOSURES (ALL DOCUMENTS ARE MANDATORY AT THE TIME OF ADMISSION)

01.	
02.	
03.	
04.	
05.	
06.	
07.	
08.	
09.	
10.	

Full Signature of the Student

DECLARATION FROM THE STUDENT

I hereby declared that the entries made by me in the application form are complete and true to the best of my knowledge belief and information.

I hereby undertake to present the original documents for verification immediately upon demand by the concerned authorities of the institution.

I am aware that if information in my admission form found wrong or even I submitted my original documents in other college, my admission will treat as cancelled.

DATE:**FULL SIGNATURE OF STUDENTS**

DECLARATION FROM THE PARENT / GARDIAN

I (Mother / Father / Guardian) hereby fully endorse the above undertaking/declaration given by my son/daughter. And I will endeavor to induce my son/daughter to do his/her best to observe the above stated undertaking in words and spirit.

I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason.

I agree to abide by the rules regulations and the fees structure of the institute.

DATE:**FULL SIGNATURE OF THE PARENT / GARDIAN**

FOR GANDHI INSTITUTE OFFICE USE ONLY**NOTE:-**

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COUNSELLOR ADMISSION IN CHARGE**ACCOUNTANTCHAIRMAN****Full Signature of the Student**