

Academic Background

Exam Passed	Name Of School / Board & University	Year Of Passing	%Obtained (Grade)

Program & Extracurricular

Sports Arts Music Others Specify:

Medical Information

Does the student have any Allergies ? Yes No

If Yes, Please Specify:

Does the student have any Medical Issue? Yes No

If Yes, Please Specify:

DECLARATION BY THE APPLICANT

I have read all the rules and regulation of the institute and admission to the course applied for. I declare that the above information is true and correct to my knowledge and belief and I fully understand that my admission will be cancelled if any information by me is found to be false or twisted.

Guardian Signature

Signature of Applicant

Required Document

Please provide the following documents :

- Birth Certificate (Original & Copy) Student Passport Size Photo (3 Copies)*
Proof of address(Original & Copy) Parent / Guardian ID (Original & Copy)
Student Aadhaar Card (Original & Copy)
Guardian Passport Size Photo (3 Copies) Previous Class Marksheet(Original & Copy)
Proof of Payment for admission free(Original & Copy)
Parent / Guardian Proof of address (Original & Copy)

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Channel Partner Signature

Authorised Signature (HO)