

PROFESSIONAL TRAINING UNDERGONE : (please specify)

- Operating system (s) known : _____
- Computer language (s) known : _____
- Software package (s) known : _____
- Others : _____

ATTACHMENT CHECK LIST :

- Passport size photograph Post Graduation
- S.S.C. marksheet (s) Professional training certificate
- H.S.C.marksheet (s) Leaving certificate
- Marksheet of last examination during graduation / certificate course
- Reserve Category Certificate (if applicable)

CURRENT OCCUPATION :

- Student Job Business Others _____

Address _____ Phone No. : _____

NAME AND ADDRESS OF REFERENCE (not relatives) :

_____ Phone No. : _____

DECLARATION OF APPLICANT

I hereby undertake that, if admitted, I shall confirm to the rules and regulations at present in force or that may hereafter be made for the governance of the Institute and for the behaviour and discipline of students and I also undertake that as long as I am a student of the Institute, I shall do nothing, either inside or outside the Institute that may interfere with its orderly governance and discipline.

I also undertake that my admission shall be cancelled if it is proved that I have concealed or furnished wrong information.

Under any circumstances, I shall not be eligible for claiming the refund or transfer of any fee once paid by me to the Institute.

I understand that association, active or passive, with any unlawful organization is forbidden.

If fees and Post Dated Cheques (PDC) of installments (if any) are not submitted within 7 Days from the date of admission then I shall not be permitted to attend any sessions.

In case of late admission, it will be my responsibility to cover the syllabus already completed by seeking help of concerned faculty in extra time.

The interpretation of any term, word or clause of this form shall, in case of dispute, be defined and determined by the authorities of the Institute as final, Subject to Anand Jurisdiction and shall be binding upon me.

Date

DECLARATION OF PARENT / GUARDIAN / HUSBAND

Signature of Applicant

In event of my son/ward/wife admitted to the Institute, I undertake that he/she shall fulfill all aforesaid requirements and I shall also be responsible for his/her conduct and behaviour and shall pay regularly all his/her dues to the Institute determined by authority.

Date

Name of Parent / Guardian / Husband

Signature of Parent / Guardian / Husband

**FOR OFFICE USE ONLY**Documents attached : Yes No

Checked by :

Date :

Fee Details

Fee Amount Rs. :

Caution Money Amount in Rs.

Sr. No.	Date	Amount	Receipt No.	Payment Mode	Received by	Debit Note No. :
						Commencement Date :
						Timings :
						Faculty :
						Gap : From _____ to _____
						Late Admission Adjustment :
						Late Admissions Examination :
						Signature

Entered by : _____ Signature : _____ Date : _____

Checked by : _____ Signature : _____ Date : _____

Authorised by : _____ Signature : _____ Date : _____

Application Sr. No. :

Student Sr. No. :

Gr. No. :