

15. Academic Details:

Class	Board/ University	Passing Year	Subject	Percentage/ Division
10 th				
12 th				
Graduation/Diploma/ITI				
PG				

16. Documents Checklist:

S.No.	Particular	Submitted		Not Submitted	Sign. of Student	Remark
		Original	P. Copy			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

17. Payment Schedule:

S. No	Particular	Fee Amount	Quarterly	Half Yearly	1 st Install	2 nd install	3 rd install	4 th install	Transport	Um./ not Cum	Remarks
1											
2											
3											
4											
5											
6											
7											
8											
9											

Declaration

I, hereby declare that the statement made by me in the form is true to the best of my knowledge. I have also read all the rules and regulation of the college and agree to abide by them. I will not claim for the refund of fee in any circumstances.

Signature of Father/Guardian

Signature of the Applicant

For Office Use Only

Application Received on date..... Date of Admission.....Admission No.....

Reference By.....Amount Paid.....Others.....

Authorized Signatory