

DIPLOMA FORM

To apply for DIPLOMA please complete this Page

Name
Father Name
Mother Name
Aadhar No.
Address :
Category : SC OBC General Other
Date Of Birth :
Gender : Male Female Other
E-Mail : Mobile No.
Name of Board Percentage Pass Year
10th :
12th :
Other:

- I hereby declare that I carefully read and understand the instruction of admission and particulars mentioned in the application form are true and correct to the best of my knowledge and belief If any information given by me found incorrect. I shall abide by the decisions of the Institute authorities.
- 2. Registration for the mentioned course will be valid only when payment of tuition fee realized in the accounts.
- I shall abide by all the rules and regulations of the Institute to maintain discipline and harmony on campus. Rules and regulations of the Institute will be binding to my ward and me.

Guardian Signature Student Signature