



DUPLICATE MARKCARD FORM

To apply for DUPLICATE MARKCARD 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 :	<input type="text"/>	<input type="text"/>	<input type="text"/>
12th :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other :	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. 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.
3. 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