Admission Form

MS Computer Education Center

WAZIRABAD BHAGIRATHPUR,GHAZIPUR

Mob.6392883145

Name of the course……………………………….

Date of Admission………………………………

Photo

PERSONAL DETAILS :

Candidate's First Name…………………………………Last Name…………………………………..

Father's Name……………………………………….Mother's Name……………………………….

Husband Name……………………………………….

Gender-Male ☐ Female ☐ Cast- SC ☐ ST ☐ OBC ☐ GEN ☐ Date of Birth…………….

Religion of the Candidate-Hindu ☐ Muslim ☐ Jain ☐ Married ☐ Unmarried ☐

COMPLETE PERMANENT ADDRESS OF STUDENT FOR COMMUNICATION:

Village…………………………………………..House No…………………………………………….

State……………………………………………District……………………………………………….

Pin code………………………………………Email ID…………………………………………….

Students Mob. No………………………………Parent's Mob. No…………………………………

LIST OF CHECKED DOCUMENTS : (Date of Birth Certificate, Qualifying Exam Mark sheet Aadhar Card)

Exam Passed	Board/University Name	Year of Passing	Roll No./Enrollment	Division	Percentage

I…………………….hereby declare that the information furnished in this true to the best of my knowledge and belief.

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Guardian Signature

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Signature of the Candidate