

Admission Form

DISTRICT INSTITUTE OF EDUCATION AND TRAINING
FORM OF ADMISSION FOR FIRST YEAR STUDENT

SELECTION NO. SUBJECT

NAME :-.....

FATHER/GUARDIAN'S NAME.....

MOTHER'S NAME.....

DATE OF BIRTH

PERMANENT ADDRESS

POSTAL ADDRESS.....

TELEPHONE / MOBILE NUMBER.....

EDUCATIONAL QUALIFICATION

S.NO.	NAME OF THE EXAMINATION	PASSING YEAR	NAME OF BOARD / UNIVERSITY	SUBJECT	MARKS OBTAINED	PERCENTAGE (%)

CASTE: SC/ST/OBC/GENERAL.....

DECLARATION

I DECLARE THAT THE INFORMATION GIVEN BY ME AS PER MY KNOWLEDGE IS TRUE. DURING ADMISSION/SESSION IF THERE WILL BE ANY IRREGULARITY I WILL ACCEPT THE DECISION OF PRINCIPAL. I WILL NOT DEMAND FOR TRANSFER DURING TRAINING.

LIST OF IN CLOSERS

- 1
- 2
- 3
- 4

SIGNATURE OF FATHER/GUARDIAN

SIGNATURE OF APPLICANT

NAME