



DASHRATH PRASAD SINGH GROUP OF INSTITUTIONS

ADMISSION ENQUIRY FORM (SESSION: 20__ - 20__)

Affix
Self-Attested
Passport
Size photograph of
The students

1. Name Of the Course :-.....

2. Name Of the Institute :-.....

3. Full Name of the Candidate: -

(Use BLOCK LETTERS)

4. Date of Birth

(As per ICSE/BSEB/CBSE Certificate)

5. Gender: - Male Female Blood Group:

6. Mother Tongue- Religion- Nationality -

7. Student Category:-

OBC EBC ST/SC PH EWS

8. Marital Status: - Single Married

9. Aadhar Number: - Aadhar Linked Mobile Number: -

10. Contact Number: - Whatsapp Mobile Number: -

11. Email Id: - Alternative Mobile Number: -

12. Identification Marks: (i)..... (ii).....

13. Parent' s Details

Father's Name		Mother's Name	
Father's Occupation		Mother's Occupation	
Father's Qualification		Mother's Qualification	
Father's Income		Mother's Income	
Spouse Name		Spouse Relationship	
Mobile Number		Mobile Number	

14. Postal Address: -

.....

.....

District..... City Pin Code State

15. Permanent Address: -

.....
District..... City Pin Code State

16. Details of the Examination Passed (Enclose documentary evidences for the entries in these columns) :

<i>Name of the Examination</i>	<i>Name of the School / College</i>	<i>Board/ Council / University</i>	<i>Year of Passing</i>	<i>Subjects</i>	<i>Total Marks</i>	<i>Marks Obtained</i>	<i>% of Marks</i>
<i>10th Level (ICSE/BSEB/CBSE)</i>							
<i>10+2 Level (ICSE/BSEB/CBSE)</i>							
English Marks:-	Math marks:-		Biology marks:-		Final main sub.:-		
<i>Graduation (Hons.)</i>							

17. Migration No:-..... Issuing Date..... CLC No. Issuing Date

University Name & Address

18. Examination Preferred Language:-

Hindi

English

19. Hostel facility required?

Yes

No

- I solemnly declare that the statements made above are true to the best of my knowledge and belief.
- I do hereby undertake to abide by the rules and regulations of the institution.
- I understand that fees once deposited are not refundable.
- I fully undertake that my admission will stand cancelled, in case, any statements made here is found to be false at any time. Also in case I fail to submit the required documents in time or fail to clear all dues to the institute within time.

Date: -

Signature of the Candidate

Place: -

Name
(In capital letters)