



SWAMI VEVEKANAND INSTITUTE

An ISO 9001: 2005 Certified

APPLICATION FORM

1- Name of Course Applied.

2- Name of Student.....

3- Email..... 4- Phone No.

5- Name of Father

6- Name of Mother

7- Category. GEN OBC SC ST MIN

8- Aadhar no. (if any)

9- Permanent Address

City Pin Code

10- Date of Birth

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

PHOTO

Exam Passed	Board/Univ	Subject	Marks		Remarks
			Obtained Marks	Full Marks	
10 th / Matric					
12 th / Inter					

DECLARATION

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 is 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 is realized in the accounts.

3. I shall abide by all the rules and regulations of the Institute to maintain discipline and harmony in the campus.

I hereby declare that my ward-----will not indulge in any act of ragging and against dignity of any person. Rules and regulations of the Institute will be binding to my ward and me.

Signature of Father

Signature of Mother

Signature of Student

