



GEETANJALI EDUCARE

Distance Education | Professional Education

Sr. No. -

ADMISSION FORM

FILL UP IN BLOCK LETTER ONLY

Affix Color
Passport
Photo

Student's Name :

Father's Name :

Mother's Name :

Postal Address :

Contact No. : Mob No.1 Mob No.2

Email Id :

Date of Birth : Gender : Male Female

Religion : Cast : General SC ST OBC

Qualification : % of Marks :

Course Applied : Computer Course University Course Other Course

Description :

Declaration by the Student : After going through carefully and comprehending the admission form, I solemnly declare that I shall abide by all the provisions laid down therein. Also declare that all the information furnished above is correct to the best of my knowledge. If the above information is incorrect at any stage, I shall be liable to any disciplinary action by the authority of the institute in the event of cancellation. I shall not be entitled to refund any fees paid by me at any situation.

Date :

Place : Student's Signature

FOR OFFICE USE ONLY

Name of Institute :

Branch Code :

Authorized Signature