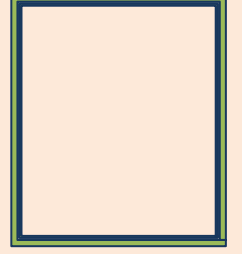




अखिल भारतीय कौशल और व्यावसायिक शिक्षा संस्थान All India Institute of Skill & Professional Education

An ISO 9001:2015 Certified Organization

ADMISSION FORM



Session Course Reg. No.:

1. Name of the student* : Gender.....

2. Father's name* :

3. Mothers name* :

4. (A) Father's occupation : (B) Mother occupation:

5. Date of Birth (As mentioned on Matriculation Documents)*:

6. Present addresses :

7. Contact No : 8. Email:

9. Aadhar No. : 10. Religion:

11. Caste (Gen/SC/ST/OBC): 12 Nationality:

13. Fill Your Educational Details:

| Sl. NO. | QULIFICATION | BOARD/UNIVERSITY | SCHOOL/ COLLEGE | YEAR | MARKS | PERCENTAGES |
|---------|--------------|------------------|-----------------|------|-------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DECLARATION

I.....declare that all the information provided by me is correct & I understand that if the information is found to be incorrect or false than institute should have the right to cancel the selection / admission process without any correspondence in this regard. I / we also understand that the application / registration / short listing do not guarantee admission to the institute. I accept the process of admission undertaken by the Institute and I will abide by decision taken by the Institute authorities.

Date.....

Place.....

Signature of Applicant