



ADMISSION FORM

Registration No.

Please complete this form in BLOCK LETTERS	
Full Name of Applicant : Father' Name: D.O.B. of Applicant: Marital Status: Religion:	
Applicant Mobile No,: E-Mail I.D.:	
Present Address:	
Permanent Address:Pin	
Pin	
Duration & Name of the course being admitted:	





Franciscotica	ACADEMIC QUALIFICATIONS			
Examination	Name and Address of School / College/ University/Institution	Year of Passing	Marks Obtained	Class/ Division
S.S.C./I.C.S.E.				
Std X	TION AND			
H.S.C./Std.XII	COUCATION	SAFET		
*Bachelors'	CALL		COX	
Degree	H.N.		SU	
Post Graduate	TEC		7	
Degree/Other	5 TANTO			

Professional Experience (If Any)	Desiries Hold	Per	Tatal Famouisman	
Company Name & Location	P <mark>ositi</mark> on Held	From	То	Total Experience
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			711	
	***		5	
		3		





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LANGUAGE PROFICIENCY	Read	Write	Speak
English			
Hindi			
Regional Language(Specify)	ATION AN	DSAFET	
Any other			0.
EXTRA CURRICULAR :			30
HOBBIES:			
COURSE PARTICULARS	TO		5 6
1. Have you taken any Course. Yes No (If Yes th	<mark>s at t</mark> his In <mark>stit</mark> ution Ien Name Them)	n b <mark>e</mark> for <mark>e?</mark>	50
5 4 4	, ZPIC	Y	ear:
ii		Y	ear :
iii / / ·			
2. Have you done any other SI Yes No (If Yes the		at this Institute of	r elsewhere?
i			
ii			
iii			





ANNEXURE AFFIDAVIT BY THE STUDENT (TO BE SUBMITED ALONGWITH APPLICATION FORM)

PLEASE ATTACH TO YOUR APPLICATION FORM:

Self-Attested photocopies of certificates in support of the information supplied Certificates: School Leaving Certificate, Certificates of Additional Qualifications, Work Experience or Training, with name of establishment, institution. Photocopies of Adhaar Card, Voter I.D., Pan Card, Passport, D.L., with 4 Color Passport size Photographs