

ABHIJIT SCHOOL OF KNOWLEDGE

SASTHAMCOTTA, KOLLAM

E-mail : asksasthamcotta@gmail.com

APPLICATION FORM

FOR OFFICE USE ONLY

Application received on:	Date of interview:
Date of Admission :	
Course to which admitted :	

Authorise Signatory

(USE ONLY CAPITAL LETTERS)

Course to which admission is sought in the order of preference	1				
	2				
	3				
	4				
Name and Address of Applicant with phone No.					
e-mail:					
Adhar No.		Date of Birth			
Religion :		Caste		Sex	
Address for communication					
Name Occupation, address, Phone No: & Mobile No: of father					
Whether hostel accommodation is required	Yes	No			

Qualification	Board/ University	Year of passing	Subjects	Class or Rank	% Marks

Have undergone any technical course? If yes, details

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DECLARATION

All the above given data are true to the best of my knowledge, information and belief. I undertake that I will not be leaving this institution without completing the course to which I am admitted.

Place :

Signature of Applicant

Date :

Signature of Guardian