

GURUKUL SPASTIC TEACHER TRAINING INSTITUTE

13-A Chanchal Vatika, Anand Vihar-A Binjari Marg, Benar Road, Dadi ka Phatak, Jhotwara, Jaipur-302012

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07073677747

Form No.

Academic Session 2016-17

self attested
photograph of
applicant

APPLICATION FOR ADMISSION TO (Name of the Course): _____

1. Name of the applicant: _____
2. Name of the Parent/Guardian: _____
3. Date of Birth (dd/mm/yy): _____ Age in years & months _____
4. Gender: Male/Female/Others _____ Marital Status: _____
5. Nationality: _____ Domicile: _____
6. Category: SC ST OBC PH Gen
7. Annual FAMILY income (from all sources): _____
8. Address for: _____

	Correspondence	Permanent
State		
Pin code		
Tel. No.		
Email ID		

9. Details of examinations passed:

S.N.	Name of the exam passed	Name of the Board/university	Year of Passing	Total Marks	Marks Obtained	%age obtained	Subjects
1	SSC/Xth Std						
2	HSC/XII Std						
3	Any other						

Declaration:

I hereby declare that all the statements made by me in this application, to the best of my/our knowledge, are true, Complete and correct. If found incorrect of false my candidate/admission may be treated as cancelled at any stage.

Applicant's signature: _____ Parent/Guardian's Signature: _____

Note: Self attested copies of caste, domicile and income certificates, mark sheet etc should be enclosed with the application form.

Acknowledgement

Form No. _____

Name of the Training Centre with complete postal address, phone number, email Id and website.

Received Application form _____ S/o/D/o/W/o _____ for

Admission to (Name of the Course): _____ for the academic session 2016-17.

Date:

Receiver's Signature

