Student Enrollment Form

Course Name		
Admission Type	Medium	
Year	SSC Hall Ticket No.	
College Register No	Name of University	

01	1 6	
Student	Intori	mation

Otadent information	
Roll No.	
Name	
Father Name	
Gender	
Blood Group	
DOB	
Date of Join	
Caste	
Sub Caste	
Special Category	
Minority	
Nationality	
Aadhar No	
SSC Roll No	
Mother Name	

Identification Marks

1.		
2.		5
Other Info.		Attach Photo
Email		Here
Name of Mentor(Std. Adviser)		
Mentor Phone No.		

Address

	Permanent Address	Correspondence Address
Address1		
City		
District		
State		
Pin Code		
Phone No		

Previous Exam Details

Qualified Exam	Hall Ticket No.	Group	Passed Month & Year	Name of Board	Max.Marks	Secured Marks	Div./Grade

Date: _			
Place:	<u> </u>		(Signature)