

Admission Form

DISTRICT INSTITUTE OF EDUCATION AND TRAINING ,HATTA FORM OF ADMISSION FOR FIRST YEAR STUDENT

SELECTION NO.

SUBJECT

NAME :-

FATHER/GUARDIAN'S NAME

MOTHER'S NAME

DATE OF BIRTH

PERMANENT ADDRESS

.....

POSTAL ADDRESS

.....

TELEPHONE / MOBILE NUMBER

EDUCATIONAL QUALIFICATION-

S.NO.	NAME OF THE EXAMINATION	PASSING YEAR	NAME OF BOARD / UNIVERSITY	SUBJECT	MARKS OBTAINED	PERCENTAGE (%)

CASTE:

SC/ST/OBC/GENERAL

DECLARATION

I DECLARE THAT THE INFORMATION GIVEN BY ME AS PER MY KNOWLEDGE IS TRUE.
DURING ADMISSION/SESSION IF THERE WILL BE ANY IRREGULARITY I WILL ACCEPT THE
DECISION OF PRINCIPAL. I WILL NOT DEMAND FOR TRANSFER DURING TRAINING.

LIST OF IN CLOSERS

- 1
- 2
- 3
- 4

**SIGNATURE OF FATHER/GUARDIAN
NAME**

SIGNATURE OF APPLICANT