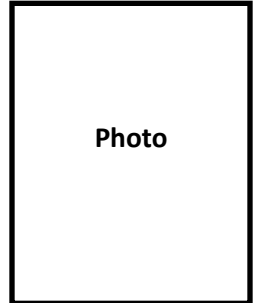


Krishiwal Shikshan PrasarakMandal's
Krushival Skills Development & Vocational Training Center,
Islampur

Islampur-bahe Road, New Bahe Naka, Islampur, Tal-Walwa, Dist-Sangli 415409

ADMISSION FORM



Dear Sir

I beg to apply for admission to the _____ Class
In Your College For Academic Year 20____20____ My detail are as below.

A) Personal Information :

Surname Name Father's name Mother's Name

1) Full Name –Shri/Miss _____

(In BLOCKLETTERS) _____

Also in Devnagari _____

1) Address for Communication _____

At _____ Post _____

Tal. _____ Dist. _____

Pin. _____ StudentPhone _____

Parent Phone. _____

3) Place of Birth _____

4) Rural / Urban _____

5) Date of Birth in Figure DD MM YY

(as per S.C.C. Certificate)

In Words _____

6) Religion & Caste _____

7) Male / Female _____ Married / Unmarried _____

8) Age on 01-06-20 _____ Years. _____

9) Name of the School / College last attended:- _____

10) Previous participation in Sports & Other activities _____

11) Hobbies and Interest _____

12) Parent / guardian's full name _____

13) Parent / guardian's occupation _____

14) Parent / guardian's annual income during 20____ (from all sources) Rs _____

B)

Exam Passed	Board / University	Month & Year of Passing	Set No.	Centre	Total Marks out of	Percentage	Name of the School / College from Student Passed
10 th							

The principal reserves the right to give or deny the admission to the student

D) Joint declaration of Parent and Student

Myself (name of parent / guardian) _____

And my son / daughter (name of the student) _____

Jointly agree with the rules and regulations prescribed by your institution and they are obligatory to us

Date:-

Signature of the Student

the signature of the parent / guardian

FOR OFFICE USE ONLY

Admitted To _____ Class _____ Total Fee (Excluding Eligibility Fee) Rs. _____

Received Rs. _____ Receipt No. _____ Date. _____

Receiving Clerk

Registrar

Principal

