

All India Society of Education

Regd. Off: B-1/348, Sector-17, Rohini, Delhi-110089, Contact : 9311768006, 9811598006

TC Address:



STUDENT REGISTRATON FORM

Course Applied For		Course QP Code	
Batch Name		Enrollment No.	
Aadhar No.			

Salutation Mr. /Ms. / Mrs. / _____

Trainee _____

Name _____

Father Name _____

Mother Name _____

Contact No / Mobile _____

E-Mail ID _____

Date of Birth _____ Sex _____ Marital Status _____

Category (Please tick the relevant box) General _____ OBC _____ SC _____ ST _____ Others _____

Urban Poor Certificate EWS _____ Income Certificate _____ Yellow Ration Card _____

Permanent Address _____

Taluka/Block _____ District _____ State _____ Pin Code _____

Bank Detail: Beneficiary Name _____ A/C No _____ IFSC _____

Bank Branch address with pin code _____

Fees: Cash _____ Bank _____ Cheque _____ On Line _____

Qualification

Examination	Board/University	Year	Division	% of Marks	Subject
10 th / 12 th					
BA /B.Sc./ B.Com					
MA/M.Sc./M.Com					
Any Other					
Professional					

How did You Hear about Institution _____

Pre Training Status _____ Fresher _____ Experienced _____

Employment Status _____ Employed _____ Unemployed _____

Employer Address _____

Annual Income _____

Declaration:

- 1) I _____ hereby declare that I have taken the admission in above written course and furnish information are true and correct. I have read the rules and regulation of the Institute. The Institute have right to cancel my admission at any stage without intimation. I agreed to forgo the claim for admission.

Office Bearer _____

Parent/Guardian _____

Student Signature _____

***All fields Mandatory and self-attested Copies of supporting documents to be submitted along with this Registration Form**