



ARAB TECHNICAL INSTITUTE

A. GOVT. REGD. & ISO 9001:2008 Certified Institute

ADMISSION FORM

Registration No.

PERSONAL INFORMATION (USE CAPITAL LETTERS ONLY)

NAME OF STUDENT

PARENT'S / GUARDIAN'S NAME

CORRESPONDENCE / PERMANENT ADDRESS

DISTRICT / STATE :

MARITAL STATUS : MARRIED UNMARRIED AGE YEARS

PHONE / MOBILE NO. OTHER CONTACT NO.

Date of Birth : DD MM YY Gender M F Blood Group

Date of Admission : RECEIVED FEE BY : INSTALLMENT ONE TIME

AFTER ADMISSION FEE AMOUNT WON'T BE RETURN.....

Academic Quaification

Examination Passed	Board	College / University	Year of Passing	%age

Have you done any type of technical class before : YES NO

If Yes, Name

Undertaking : I, hereby declare that the informations furnished above are true to the best of my knowledge & belief. Further, I have thoroughly read & understood the rules and regulations of the academy and promise to abide by them.

Date :

Place :

Signature of student