



ARAB TECHNICAL INSTITUTE

Road No.-2, Ashrafi Colony, T.O.P. Kapali
Mango, Jamshedpur

Passport Size
Photo

Form No. **1201**

ADMISSION FORM

Name of the Student.....

Father's Name

Date of Birth

Course Applied for

(Educational Qualification)

Local Address

Permanent Address

Contact No. (R) Mobile No.

DECLARATION

I hereby declare that I shall maintain the discipline and rules of the institute otherwise punitive action can be taken against me.

I understand that under any circumstance (reason) fee will not be refunded.

I agree to abide all the rules and regulations of the institute and it will be enforced time to time.

Signature of Applicant

Signature of Passing Authority

Date

For Office use Only

Form No. : **1201**

Reg. No. :

Remarks

Date