



# SABDHANI COACHING INSTITUTE

An ISO 9001:2008 CERTIFIED INSTITUTE

Phone no.- 0755-4221306

## ADMISSION FORM

1. Student name (in capital letters)	<input type="text"/>															
2. Father's/Husband's name and occupation	Name	Mr. <input type="text"/>														
	Occupation	<input type="text"/>														
3. Date of birth	<input type="text"/>															
4. Category (GEN/SC/ST/OBC)	<input type="text"/>															
5. Educational qualification	<input type="text"/>															
6. Percentage & division	Percentage	<input type="text"/>														
	Division	<input type="text"/>														
7. Full address (in capital letters)	.....															
	.....															
	.....															
	.....PIN <input type="text"/>															
8. Contact no.	<input type="text"/>															
9. E-mail ID	<input type="text"/>															
10. Coaching centre & time P&T/Lalghati/Ashoka/M.P. Nagar/Gulmohar	Centre	<input type="text"/>														
	Time	<input type="text"/>														
11. How do you came to know about Sabdhani Coaching Institute	News paper	<input type="checkbox"/>	TV	<input type="checkbox"/>	Name of source - <input type="text"/>											
	Friends	<input type="checkbox"/>	Knopy	<input type="checkbox"/>												
	FM	<input type="checkbox"/>	Other	<input type="checkbox"/>												

PASTE  
1 PHOTO  
+  
2 PHOTOS  
ENCLOSE

**Declaration –**

- I agree that fees will not be refunded in any condition.
- I agree that holding the ID card regularly is compulsory & I will not be eligible towards the facility of the institute without it.
- I agree that any sort of misbehavior/misconduct against the faculty/staff/rules of the institution, gives institute the complete right to expel me immediately without any prior notice.
- I agree that institute may use my name and/or photo for advertisement etc.

Signature:  Date:  Fees:  Enrollment No.:

Non refundable