



ISO 9001:2015 Certified

HARIOM NAGAR, CIVIL LINES  
GORAKHPUR - 273001 (U.P.)

Passport  
Size  
Colour  
Photograph

**ADMISSION APPLICATION FORM**

Session.....

Name of Programme.....

Signature

1. Name.....

2. Father's Name.....

3. Mother's Name.....

4. Date of Birth..... Age.....

5. Nationality..... Gender  Male  Female

6. Address.....

7. Contact No. Code       Phone

Mobile

8. Email..... Whatsapp No.....

**Academic Qualification :**

Qualification	Board/University	Year	Main Subject	% Marks

**DECLARATION BY THE APPLICANT**

1. All above Information are true.
2. I know fees is not refundable or not transferable.
3. I am giving information for University Admission.

Date

Signature of Applicant