

Registration Form



_		For Office Use	1		- ———
Application for Course.					
l ir	Institute				
Name of CounsellorPh. No.					
PARTICULARS OF STUDENT					
1.	Full Name (Block Letters)				
2.	Father's Name (Block Letters)				
3.	Mother's Name (Block Letters)				
4.	Date of Birth	Day Month	Year		
5.	Permanent Address				
6.	Correspondence Address				
0.	Correspondence Address				
7.	Education				
1.	Education			rassing year	
8.	Category: Ger	neral SC	ST	ОВС	SBC
9.	Contact Numer		¥¥		
10.	E-mail				
11.	Applied For Courses:				
	1	3		5	
	2	4		6	
DECLARATION BY STUDENT					
	I				
Course Year hereby declare					are
i)	That I have read all the rules governing my admission in A2 Logic Group.				
	That I have filled the application form after thoroughly understanding there rules and the information filled by me in the				
iii)	application form is correct and true to the best of my knowledge and belief. That I shall not indulge in any form of ragging or any in disciplinary activities and shall strictly abide by the code of conduct.				
iv)	Fee once paid will not be refunded or adjusted in any case.				
v)	All disputes arising out of this contract will be subject to jaipur jurisdiction only.				
vi)	Do not make any payment to any facult	ty accounts.			
Date					Signature of Student

Address: - S. No 21, 1st / 2nd Floor, Near By Petrol Pump, Ridhi Sidhi Choraya Mansrowar Road, Jaipur (Raj.) - 303108