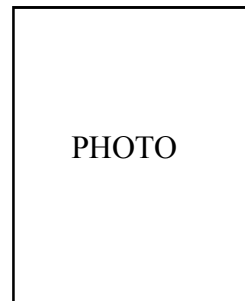


# APPLICATION FORM FOR THE ADMISSION TEST



Reg No:  (For office use)



(Please provide 2 extra copies of the photo during the submission of this application form)

Name of Student  
(IN BLOCK LETTERS)

Parent's Name

Name of School

Date of Birth  (DD/MM/YYYY)

Course Required (✓)  Ex-12th Standard  12th Standard  11th Standard

Address

Tel :

Mob :

E-mail :

**(For Office Use Only)**

Test Date :  Time From  To