



STUDENT ADMISSION FORM

Photo

PERSONAL INFORMATION

Course Name :	<input type="text"/>			
Full Name :	<input type="text"/>			
Father's Name :	<input type="text"/>	Mother's Name :	<input type="text"/>	
Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Nationality :	<input type="text"/>	
Email :	<input type="text"/>		Mobile No :	<input type="text"/>
Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	AADHAR No :	<input type="text"/>

EDUCATIONAL QUALIFICATION

Qualification :

COURSE DETAILS

Course Duration :	<input type="text"/>		
Session :	<input type="text"/>	Admission Date :	<input type="text"/>

PERMANENT ADDRESS

Permanent Address :	<input type="text"/>		
State :	<input type="text"/>	Pincode :	<input type="text"/>

Student Signature

Principal

Admin