SWASTIK EDUCATION

Rajasthan Hospital Road, Opposite Sahara Apartment, Sector- 14, Udaipur (313002) 90244 00303

ADMISSION FORM

Sr. No : _____ Date of Joining _____

Student Name : _____

Father's Name : _____

Coaching : _____

Contact No 1. : ……. 2. ……

Address : ……. ……..

Dist. …… State ……. Pin …….

FOR OFFICE USE ONLY

Total Fees ……

Date	Deposit Fees	Due Fees

Declaration

I have read all the rules and regulation of the institute and admission of the course applies for. I declare that the above information is true and correct to my knowledge and belief and I fully understand that my admission will be cancelled if any information by me is found to be false for twisted.

Signature (Student)