SWASTIK KID'S ACADMEY

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

ADMISSION FORM

Sr. No. ……. Date of Joining ……..

Student Name ……..

Father's Name ……..……..……..……..……..……..

Class …… Coaching ..……

Contact No. ……..……..……..

Address ……..……..……..……..……..……..……

..……..……..……..……..……..……

Photo

FOR OFFICE USE ONLY

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.

Note: - **Fees not refundable.**

Signature (Parents)

Signature (Student)