

SWASTIK EDUCATION

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

ADMISSION FORM

Sr. No. Date of Joining

Student Name

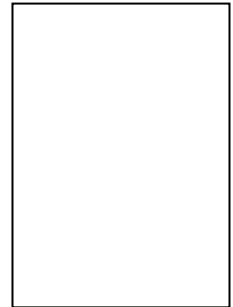
Father's Name

Class Coaching

Contact No.

Address

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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)