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)