

# JAIN GROUP OF INSTITUTIONS

## APPLICATION FORM



4143

S. No.

Department :  Course :  Session :

SIGN. OF APPLICANT

Name

Category Gen  SC  ST  OBC  Minority  EWS  Other

Date of Birth  Gender  M  F Mob. No.

Father's Name

Mobile No.  Occupation

Mother's Name

Mobile No.  Occupation

Permanent Address \_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_ PIN

Local Address \_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_ PIN

Religion No. \_\_\_\_\_ UID No.

e-mail

**Details of Qualification :-**

Qualification	Subject	Board/University/Institute	Marks (%)	Year
Class X				
Class XII				

**Name of Institution Last Attended**

**Referenced By :**

Name	Mob No.	Address	Relation

**Fees :-**

S.No.	Fee Particulars	Amount (Rs.)	Receipt No.	Date
1	Registration or 1 <sup>st</sup> Instalment			
2	2 <sup>nd</sup> Instalment			
3	3 <sup>rd</sup> Instalment			

**Hostel Accommodations** 
**Transportation Facility Required** 

**Declaration :** I Declare that the information given above is true & complete to best of my knowledge, if it is found to be incorrect my admission shall stand cancelled and shall be liable to such disciplinary action decided by the Institute. The decision of institute there on shall be final.

**Date**
**Sign. of Parents/Guardian**
**Sign. of Applicant**


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**Official Use Only**


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**Enclose Check List**

1. Marks sheet of class X
2. Marks sheet of class XII
3. Aadhar Card
4. Five Passport size Coloured Photographs
5. Diploma Certificate
6. Domicile Certificate
7. Caste Certificate
8. Registration
9. Migration

**Original****Photocopy**
  
  
  
  
  
  
  
  

  
  
  
  
  
  
  
  

**Filled by****Checked by****HOD Signature**