

CHISRA EDUCARE

Distance Education | Professional Education

Sr. No	ADMIS	
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Sr. No	ADMISSION FORM	Affix Color		
	FILL UP IN BLOCK LETTER ONLY	Passport Photo		
Student's Name :				
Father's Name :				
Mother's Name :				
Postal Address :				
	Pin Code			
Control No.				
Contact No. :	Mob No.1 Mob No.2			
Email Id :				
Date of Birth:	D D M M Y Y Y Y Gender : Male Female			
Religion :	Cast : General SC	ST OBC		
Qualification:	% of Marks :			
Course Applied :	Computer Course University Course Other Course			
	Description :			
Declaration by the Student: After going through carefully and comprehending the admission form, I solemnly declare that I shall abide by all the provisions laid down therein. Also declare that all the information furnished above is correct to the best of my knowledge. If the above information is incorrect at any stage, I shall be liable to any disciplinary action by the authority of the institute in the event of cancellation. I shall not be entitled to refund any fees paid by me at any situation.				
Date :				
Place :	Student's	Signature		
FOR OFFICE USE ONLY				
Name of Institute :				
Branch Code :				
Authorized Signature				