



Shikshan Mandal, Karad's
Center for Competitive Examinations
2017-2018

Admission Form

Name :- _____
(Surname) (First Name) (Middle Name)

Class :- _____ Div. :- _____ Roll No. :- _____

Educational Qualification :- _____

Permanent Address :- _____

Mobile No.:- _____

Date of Birth :- / /

Religion :- _____

Caste :- _____

Married / Single :- _____

I shall obey all the rules laid down by the course.

Date :- / /2017

Signature of Student

Name of the Parent/Guardian :- _____

Address :- _____

Contact No.:- _____ Mobile No. _____

E-mail ID :- _____

Relation to the ward :- _____ Occupation :- _____

I hereby permit my ward to enroll for the Center for Competitive Examinations. Course conducted by the college after college hours. My ward shall obey the rules and regulations laid down by the college.

Date :- / /2017

Signature of the Parent