

Ph.: 0522-4336162

Registration Form

S.No. SSG2020



TALENT SEARCH ON MERIT BASE **S.S.GROUP** Institute of Professional Studies

E.Code
Name / ACO
District
Mob.

Fill the form in BLOCK CAPITAL LETTERS (English) as per High School Certificate.

1. Full Name of the Applicant (as per certificate)

2. Aadhar Number

3. Mobile Numer

4. Sex

 M-Male
 F-Female

Colour
Photo

5. Category

 ST SC Gen OBC Min. Other

6. Cast

7. Date of Birth

 Date Month Year

Sign.

8. Intrusted in Course

9. Allotted Institute

10. Refd. By

11. Parent's Detail	Name	Mobile No.	Aadhar No.	Annual Income
Father				
Mother				

12. Complete Permanent Address (do not respect name)

13. Bank Detail : Bank A/c No.

IFSC CODE

PIN CODE

Bank

BRANCH

14. Detail of Qualifying Examination

	Name of Board/ University	Year of Passing	Total Marks	Obt. Marks	%age Obtained
High School					
Intermediate					
Graduation					
P.G.					
Others					

Enclosure : Attested Xerox copy all of all qualification Income, Domicile, Cast Certificate, Aadhar Card & Bank Passbook

DECLARATION BY THE APPLICANT

I have read all the rules and regulation of the Institute and admission to the course applied for. I declare that the above information is true and correct to my knowledge and belied and fully understand that my admission will stan cancelled if any information by me is found to be false or twisted.

Date..... Place.....

From Receiving Date

Place

FOR OFFICE USE ONLY

Signature
MD / Director

Signature
ACO / Adm. Head

Signature of Student

Registration No.

SSG 2 0 2 0

Allotted College

Date