



AKSHAR TRUST

11th Floor, Kirti Towers, Next to Kirti Mandir, Tilak Road, Vadodara-390001

Phone: 0265-2427522, 2427544, School: 8460058117, Fax: 0265-2427599

Email: akshartrust@gmail.com, website: baroda.com/akshar.php, www.akshartrust.org

photo

Form No.:-_____

Academic Session 2018-19

APPLICATION FOR ADMISSION TO (Name of the Course):_____

1. Name of the applicant:_____
2. Name of the Parent/Guardian:_____
3. Date of Birth (dd/mm/yy):_____ Age in years & months:_____
4. Gender : Male/Female/Others:_____ Marital Status: _____
5. Nationality: _____ Domicile:_____
6. Category: SC:_____ ST:_____ OBC:_____ PH:_____ Gen.:_____
7. Annual Family Income (From all Sources):_____
8. Address for:

	Correspondence	Permanent
State		
Pin code		
Mob. No.		
Email ID		

9. Details of examinations passed:

Sr. No.	Name of the Exam Passed	Name of the Board/ University	Year of passing	Total Marks	Marks obtained	% obtained	Subjects
1.	SSC						
2.	HSC						
3.	Others						

10. Fees Structure

Course fees Rs. 60000 (Rs. 30000 Per Year)

DECLARATION:

I hereby declare that all the statements made by me in this application, to the best of my/our knowledge, are true, complete and correct. If found incorrect or false my candidature/ admission may be treated as cancelled at my stage.

Applicant's Signature: _____

Parent/Guardian's Signature: _____

Note: Self attested copies of caste, domicile and income certificates, mark sheet etc. should be enclosed with the application form.

ACKNOWLEDGEMENT

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Received Application from _____ S/o/D/o/W/o _____ for

admission to (Name of the Course) _____ for the academic session 2018-19

Date: _____

Receiver's Signature