

Admission Form

DISTRICT INSTITUTE OF EDUCATION AND TRAINING ,SAGAR

FORM OF ADMISSION FOR FIRST YEAR STUDENT

SELECTION NO .....  
SUBJECT .....  
NAME .....  
FATHER/GUARDIAN'S NAME .....  
MOTHER'S NAME .....  
DATE OF BIRTH .....  
PERMANENT ADDRESS .....  
POSTAL ADDRESS .....  
TELEPHONE / MOBILE NUMBER .....  
EDUCATIONAL QUALIFICATION .....

SNO	NAME OF THE EXAMINATION	PASSING YEAR	NAME OF BOARD / UNIVERSITY	SUBJECT	MARKS OBTAINED	PERCENT

CASTE: SC/ST/OBC/GENERAL

**DECLARATION**

I DECLARE THAT THE INFORMATION GIVEN BY ME AS PER MY KNOWLEDGE IS TRUE. DURING ADMISSION/SESSION IF THERE WILL BE ANY IRREGULARITY I WILL ACCEPT THE DECISION OF PRINCIPAL. I WILL NOT DEMAND FOR TRANSFER DURING TRAINING.

LIST OF ENCLOSERS

- 1
- 2
- 3
- 4

SIGNATURE OF FATHER/GUARDIAN  
NAME .....

SIGNATURE OF APPLICANT