

SAINI CHARITABLE EDUCATION TRUST (Regd.) ROPAR (Pb.)

Sr. No				
Roll No				Photohraph
Session				
Fill the form in block lette	ers (English) only u	sing blue pen	_	-
Course Name				
Full Name :				
Date of Birth :	Sex	x Nationality_		
Father's Name :	and the second second			
Complete Address for Corr	espondence			
Distt / State:	Telephone	No. (With S.T.D. Code) ()	
Mobile No.	E-mail add	dress		
Receipt No.	Am	ount Rs.	Date	
10 Education Qualification				
Name of Bo	oard / University	School / College Name	Year of Passing	% Obtained
SSC				

Declaration:

Inter Degree Others

I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief. In the event of suppression or distortion of any fact

like educational qualification, nationality, Study period etc., made in my application form I understand that my admission is liable to cancellation and I further agree to abide by the instructions issued by the Managing Committee from time to time.

Place:

Date:

Parent / Guardian's Signature

Candidate Signature