



DECLARATION

I do hereby declare that the information given above is true and that I shall fully abide by the rules and regulations of the institution.

Applicant's Signature:

Name: .....

I do hereby declare that the information furnished above is true and that nothing disagreeable to the institution will emanate from me or from my ward.

I request that my ward may be admitted to the institution.

Guardian's Signature

Name: .....

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For Office Use

Admission No..... Date of Admission.....

Course to which admitted.....

Principal