REG NO: 873

OXFORD

GROUP OF INSTITUTION

Give wings to your career

ADMISSION FORM

BOX A
Recent Photograph 35mm x 45mm

COURSES NAME:-

JOINING DATE:-

COURSE DURATION:-

ENROLLMENT NO: OGI-2008/873/

1. **NAME - IN CAPITAL LETTERS**

2. **FATHER'S NAME – IN CAPITAL LETTERS**

3. **MOTHER'S NAME – IN CAPITAL LETTERS**

4. **DATE OF BIRTH** D D M M Y Y Y Y

4.1. SEX O **MALE** O **FEMALE**

5. **HIGHEST QUALIFICATION: (Darken appropriate box darkened)**

O Below 10th O 10th Pass O 10+2 O 10th+ITI O Polytechnic Diploma O Graduation or higher

6. **RESIDENCE DETAILS OF CANDIDATE - IN CAPITAL LETTERS**

ADDRESS:

CITY:

STATE:

PIN CODE

7. **CONTACT DETAILS**

PHONE NO

YEAR OF PASSING 10 STANDARD

8. **OCCUPATION: (Darken the appropriate box)**

O Govt. Employed O Govt. undertaking O Self Employed O Other (Please Specify) . . . . . .

9. **CATEGORY: (Darken the appropriate box)**

O General O Scheduled Caste O Scheduled Tribe O O.B.C. O Handicapped O Other . . . . . .

10. **DECLARATION:** I _____ S/o /D/o _____ hereby declare that, all the particulars stated in the application, are true to the best of my knowledge and belief. I agree to abide by the rules and regulations of **OXFORD GROUP OF INSTITUTION** and also to the decision of the Examination Authority, regarding my admission to the examination. I have noted that the Examination Authority has the right to withhold my result even after my appearing in the Examination in addition to any other action as may be deemed fit in the event of any of the statements made above being found incorrect.

ADDHAR NO.

Signature of Student

Branch Office: - **APTECH** 5/2 Jograj Street sath Gali (SBI ROAD)Farrukhabad Phone: 9935019012,7398557820
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