AIWC VOCATIONAL INSTITUTION

Sarojini House, 6 Bhagwan Dass Road, New Delhi-110001

Phone No. 011-23381165, Email- aiwc.avi13@gmail.com

1. Course Applied for …………………………………………………………………………………

2. Name (In capital letters) …………………………………………………………………………..…

3. Marital Status…………………………………………. Male/Female……………………………….

4. Father’s/Husband’s

(A) Name. ……………………………………………….… (B) Contact No …..……………………

(C) Occupation ……………………………………………. (D) Education ………………………….

 5. Mother’s

(A) Name. ……………………………………………….… (B) Contact No …..…………………….

(C) Occupation ……………………………………………. (D) Education ………………………….

6. Address ……………………………………………………………………………………………..

 …………………………………………………… Pin Code. ……………………………

8. **Student’s Details**

1. Name as you want to be written on certificate (In capital letters)

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(ii) Date of Birth ………………………………………………..

(iii) Educational Qualification (Tick the one which is applicable)

a) Below 8th b) 8th Pass c) 10th pass d) 12th Pass e) Graduation

(iv) Category

(a) General, (b) SC (c) ST (d) OBC

 (v) Medium of instruction

(a) English (b) Hindi (C) Other

Date : Place Signature

INSTRUCTIONS:

* One pass port size & 2 stamp size latest photographs with the form.
* Address proof.
* School leaving certificate *OR* any other date of birth proof.
* School leaving certificate/ Mark sheet of qualifying examination.( Education qualification proof)

Admission to ……………………………….… on receipt of Rs. ………… (in cash/cheque. no.………………… dated ………….. ). Receipt no. ……………………. Dated ……………….

Signature of Principal