



MAGADH PROFESSIONAL INSTITUTE

Recognised AICTE And Affiliated to A.K.U.Patna,Bihar
PILLER NO-207 , DIGHA-BAILY NAHAR-ROAD , DANAPUR,PATNA

ADMISSION FORM

Course:-.....

Academic Session:- 20____-20____

ADM No:-.....

AFFIX YOUR
PHOTOGRAPH
HERE

1.Name of the Student(English):- _____

Name of the student(Hindi):- _____

2.Mother's Name:- _____ M.NO:- _____

3.Father's Name:- _____ M.NO:- _____

4.Father's Occupation: _____ Annual Income of the Mother & Father :- Rs _____

5.Date of Birth:- ____/____/____ Words:- _____

6.AadharNo:- ____/____/____ Mobile No:- _____ WhatsApp _____

7.Email Id:- _____ Religion:- _____

8.Category:-General/EWS/OBC/Anex-1/SC/ST(Attach Certificate):- _____

9.Identification Mark:- _____ Blood Group:- _____

10. Local Address:-Vill:- _____ P O:- _____ Block:- _____ P.S:- _____

Sub Div:- _____ Dist:- _____ State:- _____ Pin:- _____

11. Admission Referance:-Self:- _____ Consultant:-Mr. _____ M.No:- _____

12.Education Qualification:-

Exam passed	Borad	Name of the School/College	Year of passing	Subject	Division/Marks Obtained	Marks.%
Matric						
Inter(10+2)						

13. Total Fee :-Rs.....In Words:-.....

Installment	Date	Receipt No.	Amount	Mode of Payment(Cash/Cheque/Online)	Sig of Trainee	Remark
1						
2						
3						
4						
5						
6						
7						
8						

मैं.....घोषणा करता/करती हूँ कि मेरे द्वारा दिए गए उपरोक्त विवरण सही है। मैं संस्थान से नियम एवं कानून का पालन करूँगा/करूँगी। अगर मेरे दिया गया विवरण गलत पाया गया तो संस्थान का मेरे उपर कार्रवाई का पूरा अधिकार है।

Student's Signature

UNDERTAKING OF THE GUARDIAN

1. I have gone through the prospectus and I promise to abide by all the rules and regulation of the College.
2. That I take full responsibility of the conduct & proper behavior of my ward in the College.
3. That in case of any misconduct or charges leveled against my ward, I shall agree to any action to be taken by the Authority of the College.
4. That I shall agree to pay any penalty or default fine charged against my ward for any course of action taken by authority of the College
5. That in case my ward undergoes any mishappening in the play field or during leisure hours, the College authority shall not be held responsible for the same.
6. That my ward shall not leave the College Campus during the College hours. If he/she does so and any mishappening occurs outside the College Campus, the College Authority shall not be held responsible for the same.
7. That I shall pay the College fee and other charges if any on or before the 15th of every month failing which, the name of my ward may be struck off from the attendance register, till the dues are paid off along with the re admission charge.
8. That I undertake to send my ward to attend his/her classes regularly & timely . In case my ward remains absent for more than 3 days(three days) in a month, shall agree to any action to be taken by the College Authority.
9. I shall visit the College once in a month to know his/her progress and development whatever.
10. That I shall not withdraw my ward in middle of the session
11. That I take the full responsibility for dropping my ward to College and collect him/her back by an Authorised person.

Signature of the Student

Signature of the Parents

Enclosure	Y/N	Y/N	Consultant Fee:-			
			Date	Amount	Mode of Payment	Signature
Matric Marksheet						
Matric Certificate						
I.Sc Marksheet						
I.Sc Certificate						
College Leaving Certificate						
Migration						
Passport Size Photo (12 Pic)						
Caste Certificate						
Aadhar Certificate						