

Admission Date:	
Student ID:	(For Office Use Only)

TECHNOLOGY SO.	ADMIS	ADMISSION FORM			(For Of	(For Office Use Only)	
Modules: (Tick mark the appropriate box)	LCWD DDWAD	<u> </u>	DWAD SHMD				
Name(In block letter): Father's Name(In block letters):							
Date of Birth - <							
Father's Occupation:		,					
Present Address :			Contact Numbers Mobile: Email: Res: Cell:				
Permanent Address (If different	from present Address)	•					
Qualifications:							
Certificate or Degree	Name of the School/College attended	Name of the Board / University	Year of passing Year Seat No:		Grade/ GPA	Subject of major interest	
The above information i	s correct to the best of my k	knowledge (Incorrect Info	rmation	may result in canc		dmission of Applicant:	
			ı	FOR OFFICE USE	ONLY		
Two Passport size photograph will be submitted by applicant		Assistant Direct			5:	actor:	