



REGISTRATION FORM

Fill the form in **BLOCK CAPITAL LETTERS (English)** using **BLUE/BLACK ink only.**

ALC Code <input type="text"/>	Admission Date <input type="text"/>	Ref. No. (If any) <input type="text"/>
Course Code <input type="text"/>	Others <input type="text"/>	Remark (If any) <input type="text"/>
Course Name <input type="text"/>		
Specialization/Optional Subject (If any) <input type="text"/>		

Space for
Photograph
Paste one recent
passport size
Photograph

**Please do not Pin
or Staple**

*Signature of the Candidate
(Signature within the Box only)*

1. Full Name of the Applicant (as per certificate)

2. Father's Name (as per certificate)

3. Mother's Name (as per certificate)

4. Complete Address for Correspondence to (do not repeat name)

City/District <input type="text"/>	State Code <input type="text"/>	Country <input type="text"/>	Pin Code <input type="text"/>	Telephone Number with STD Code <input type="text"/>
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Mobile No. E-mail ID

5. Category (Please Tick if Applicable) 6. Date of Birth 7. Sex 8. Courseware Medium

<input type="checkbox"/> General	<input type="checkbox"/> OBC	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> E-English	<input type="checkbox"/> H-Hindi
						Date	Month	Year					

9. Detail of Qualifying Examination

	Name of Board/ University	College/ School Name	Year of Passing	% Obtained
SSC/10th				
Inter/12th				
Degree				
Others				

DECLARATION BY THE APPLICANT

I have read all the rules and regulation of the institute and admission to the course applied for. I declare that the above information is true and correct to my knowledge and belief and I fully understand that my admission will cancelled if any information by me is found to be false or twisted.

Place :

Date :

Signature of Applicant

Signature of ALC Director/Head
with Rubber Stamp & Date

FOR HEAD OFFICE USE ONLY

Form Receiving Date <input type="text"/>	Enrollment No. <input type="text"/>
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Authorized Signatory