

K.R. INSTITUTE OF PHYSICAL EDUCATION (D.P.Ed.)

NH - 7, K.R. NAGAR, VEDASANDUR, DINDIGUL DISTRICT. 624710.

Academic Year – 2020 - 2022

Admission No.

Date of admission

PHOTO

1. NAME (in BLOCK letters) (In English) :

2. பெயர் (தமிழில்) :

Cell No. :

WhatsApp Number :

Aadhar Card Number :

Mail Id :

3. FATHER NAME :

Cell No. :

4. MOTHER NAME :

5. GUARDIAN / HUSBAND NAME :

6. ADDRESS :

(Full Postal Address with Pin code) :

..... Pin :

7. SEX : Male / Female

8. DATE OF BIRTH :

9. COMMUNITY : SC / ST / MBC / DNC / BC / OC / FC

10. CASTE :

11. EDUCATIONAL QUALIFICATION :

COURSE	SUBJECT	REGISTER NUMBER	MEDIUM OF STUDY	PERCENTAGE OF MARKS	MONTH & YEAR OF PASSING
10 th					
12 th					

CERTIFICATES TO BE SUBMITTED

Sl. No.	Details of Certificate	Certificate No.	Submitted Yes / No
1	10 th MARK SHEET		
2	12 th MARK SHEET		
3	TRANSFER CERTIFICATE		
4	COMMUNITY CERTIFICATE		
5	SPORTS CERTIFICATES		
6	FORM II / FORM III		
7	PHOTOS – 4 Nos		
8	XEROX COPIES OF CERTIFICATES – 4 sets		
9	BLOOD GROUP		
SIGNATURE			

FEE DETAILS

<u>1st year</u>	<u>2nd year</u>	<u>Signature</u>

DATE	REMARKS	TOTAL	RECEIVED	BALANCE	SIGN

Declaration

I hereby declare that the above particulars are correct and that no change will be demanded by us in future.

And also I assure you that I will no discontinue the course in middle. In case of any I assure you that I will pay all the balance of this Two year course.

Signature of the Student

Signature of the Parent

Signature of the Guardian

Checked and Verified by :

Signature of the Office In-Charge

Signature of the Staff

Checked and Admitted by :

Signature of the Principal

Management