



Get the Extra Edge

ADMISSIONS APPLICATION AND INFORMATION (BEFORE FILLING THIS APPLICATION, PLEASE READ THE INFORMATION OVERLEAF)

Name of Applicant: _____
FIRST MIDDLE LAST (PREFERRED NAME)

Birth Date Sex: Male Female
DAY MONTH YEAR

Father's Name: (Dr./Mr.) _____

Mother's Name: (Dr./Mrs.) _____

Home Address : _____

_____ Pin: _____

Affix passport size photo here and also attach one photo along with this form for I.D. card

(Enrolment Form will not be accepted without the photograph)

Identification Marks: _____

E-mail Address : _____

Telephone : Off. _____ Res. _____

Cell: _____ Fax: _____

Applying for Course: _____

Name of School/College & Place: _____

How did you know about M.S. EDUCATION CENTRE? _____

Brothers/Sisters currently attending M.S. EDUCATION CENTRE

NAME	COURSE	NAME	COURSE
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I have read the information mentioned overleaf and abide by it.
The details mentioned above are true to the best of my knowledge.

Signature of Parent
Date _____

Signature of Student
Date _____

FOR OFFICE USE ONLY

Date of Enquiry _____ Fee Rs. _____

Course _____

DIRECTOR

PRINCIPAL

AUTHORISED SIGNATORY
P.T.O.