

APPLICATION FORM FOR ADMISSION



S.G.T.B. Khalsa College
University of Delhi

Space for
Photograph

COURSE APPLIED FOR _____

Candidate Name

**Father's/
Guardian name**

Father's Occupation **Annual Income**

Permanent Address and Telephone Nos.

State **Pin Code**

Present Address and Telephone Nos.

State **Pin Code**

E-mail : _____

Nationality **Sex**
1. Indian 1. Male
2. Other 2. Female

Date of Birth

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DETAILS OF QUALIFYING EXAMINATION PASSED / APPEARED

Examination	Board/Univ.	Year	Subjects

Declaration

I hereby declare that the information furnished by me in the application form is true and correct. Should it however, be found that any information furnished here in is fraudulent, incorrect or untrue in material particulars. I realize that I am liable to criminal prosecution and that my admission to the course is liable to be cancelled. I agree to abide by the rules and regulations of the institute as contained in the bulletin of information.

Signature of the candidate

Date