



FORM NO.:

राष्ट्रीयसंस्कृतिसंस्थानम्

ENROLLMENT FORM

COURSE APPLIED FOR.....Year/Semester Applied for.....

Medium : English Hindi

Whether belongs to SC/ST/OBC/General(Enclosed copy)

Total DD Amount (Rs.) : DD Number : DD Date : Bank Code : Name of the Bank : Payable A.I. NAME WITH ADDRESS & CODE

PERSONAL INFORMATION

Name (In Capital Letters) :

(Surname)

(Middle)

(First)

Date of Birth (dd/mm/yy) :

Father's Name :Nationality.....

Father's Occupation :

Mother's Name :

Mother's Occupation :

Correspondence Address :

Tel : Res.....Mobile.....

Permanent Address :

Phone No. : Res.....Mobile.....Email Address.....

EDUCATIONAL QUALIFICATION :

| Qualification | Name of Oroganisation | Main Subjects | Year of Passing | Percentage % |
|---------------|-----------------------|---------------|-----------------|--------------|
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प्रवेश पत्र/ADMIT CARD



राष्ट्रीयसंस्कृतिसंस्थानम्

ENROLLMENT NO.....

(To be Fitted by the Office)

वर्ष (SESSION) कक्षा (COURSE) खण्ड (PART).....

Space for Photographs

Paste one recent passport size photograph duly attested by A.I. or any gazeriteed officer

1. नाम (Name of the Candidate)

2. पिता/पति का नाम (Father/Husband's Name).....

3. माता का नाम (Mother's Name)

4. जन्म तिथि (Date of Birth)

5. पूरा नाम (Full Address)

6. विषय 1..... 2..... 3.....

(Subject) 4..... 5..... 6.....

Your are being allowed for examination to be started on dated at the following examination

Center

CANDIDATE SIGNATURE

CONTROLLER OF EXAMINATION.

राष्ट्रीयसंस्कृतिसंस्थानम्

Note

1. Date Sheet is being attached with full details. Examination Suptd. have disciplinary power for amendmentt of any orrder acording situation.
2. Examination Hall to be oepn 15 minutes before from starting of Examination.
3. Use of unfair means in examination to be prohibited and violater to be punished.
4. Centre Suptd. will be entitled to appropriate change in examination schedule with permission to Controller of Examination.