

Sri Gokulnatha Mission[®] EDUCATIONAL INSTITUTION

R.P Pudur, Namakkal-637001, Ph: 04286-277884, 94459 33320



APPLICATION FOR ADMISSION

	Application No.
1.	Name in Block Letters
2.	Course of Study Passport Size
	Size Photo
3.	Name of the Parent / Guardian
4.	Peramanent Address
5.	Phone Number :
6.	Date of Birth :
7.	Sex : Male Female
8.	Community : OC BC MBC SC ST
9.	Religion :
10.	Educational Qualification:
11.	Identification Marks :
12.	T.C & Mark Sheet No. :
	Declaration
be of	assure all the particulars above are correct to the best of my knowledge. If seek concellation in etween the course of study, I assure to settle the full course fee of the course duration and I shall not ifer to refund any amount which I remit for the purpose of my study by any force. If I am selected I shall bey the rules and regulations of this Institution.
	gnature of the Parent / Guardian Signature of the student ation :
D	FOR OFFICE USE ONLY
	elected Date ourse Principal