

Form No. 812**Ashtavakra Institute of Rehabilitation Sciences & Research**

PSP Institutional Area, Madhuban Chowk, Rohini, Delhi-110085

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E-mail : director@ashtavakra.in, Website : www.ashtavakra.in

Academic SessionSelf Attested
Photograph of
Applicant

APPLICATION FOR ADMISSION TO (Name of the Course) : _____

- Name of the applicant : _____
- Name of the Parent / Guardian : _____
- Date of Birth (dd/mm/yy) : _____ Age in years & months : _____
- Gender : Male/Female/Others _____ Marital Status : _____
- Nationality : _____ Domicile : _____
- Category : SC ST OBC PH Gen.
- Annual Family Income (from all sources) : _____
- Address for :

	Correspondence	Permanent
State		
Pin Code		
Tel. No.		
Email ID		

9. Details of examinations passed :

S.N.	Name of the exam passed	Name of the Board/University	Year of Passing	Total Marks	Marks Obtained	%age Obtained	Subjects
1.	SSC/Xth Std.						
2.	HSC/XII Std.						
3.	Any other						

Declaration :

I hereby declare that all the statements made by me in this application, to the best of my/our knowledge, are true, complete and correct. If found incorrect or false my candidature/admission may be treated as cancelled at any stage.

Applicant's Signature: _____

Parent/Guardian/s Signature: _____

Note : Self attested copies of caste, domicile and income certificates, mark sheet etc should be enclosed with the application form.