



# PRITHAVIRAJ CHAUHAN EDUCATIONAL SOCIETY

VILL.MALTHER, P.O. RATTI, DISTT. MANDI (H.P)

PH. +919418025791

Affix the passport  
size recent  
photograph duly  
attested by the  
Principal of the  
institution

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## ADMISSION FORM FOR ..... COURSE

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1. Name (In block letters) -----
2. Father's Name (In block letters) -----
3. Mother's Name (In block letters) -----
4. Date of Birth -----
5. Date of Admission -----
6. Correspondence Address -----  
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-----  
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Phone No.: -----

7. Permanent Address -----  
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-----  
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Phone No. -----



## 8. Academic Qualifications

Examination Passed	Board/ University	Roll No.	Subjects	Year of Passing	Marks		
					Max. Marks	Marks Obtained	% age
Matriculation							
10+2							

9. Name of the institution -----

10. Merit No. -----

## 11. Details of Fee Paid to the institution

Demand Draft No.

Dated

Bank -----

## 12. Enclosures:

- I. Copy of Matric Certificate (Showing Date of Birth)
- II. Copy of 10+2 Certificate
- III. Residences Status
- IV. Medical Certificate



### **13.Undertaking and pledge by the candidate**

- a. I hereby certify that the entries made by me in this form are correct to best of my knowledge and I have not concealed any information in any manner.
- b. I agree to observe and abide by all the rules and regulations of the institution and hostel rules that may be laid from time to time by the all state Registration council.
- c. I fully understand for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.
- d. I certify that I am not involved in any legal activity and no criminal case is pending against me in any court of law.
- e. I understand that if at any stage, it is found that I have provided any wrong information to seek admission to the institutions, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat & the dues paid to the institution.

**Date**

**Signature of the candidate**

### **14.Undertaking by the parent/ Guardian**

I certify that my son/ daughter / ward Mr. / Ms.....  
Has submitted this application with my knowledge and consent and that I hold myself responsible for his/ her good conduct and his/her maintenance and any payment of fees during the stay at any institution. The entries made by him/ her in the admission Form are correct to the best of my knowledge.

**Date**

**Signature of the Parent / Guardian**



**15. ATTESTATION BY THE PRINCIPAL OF THE INSTITUTION**

I certify that Miss. / Mr. ....  
D/O, S/O Sh. .... is admitted in the ..... Trg.  
Course at ..... I have scrutinized  
all the documents of the said candidate and found correct. She is eligible for  
the admission to ..... course. I shall be responsible for any  
discrepancies, if found, at any time.

**Dated:**

**Signature of the Principal**

**Seal of the institution**

**16. BY PNR USE ONLY**

**Eligible / Ineligible**

**Enrollment No:**

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**Senior Assistant**

**Supdt.**

**Registrar**