



Shatarupa Education

AN INSTITUTE OF KNOWLEDGE, HEALTH, CULTURAL, TECHNOLOGY & SKILL DEVELOPMENT, HEALTH AND WELLNESS

(Under - S.E.T., An MSME Registered, ISO 9001:2015 Certified, Government Registered non-profit organization)

Website: - WWW.SHATARUPAACADEMY.IN

Office Ph.NO: 03228-241-131 / 8653185311

APPLICATION FORM FOR ADMISSION

[All should Be Fill in Capital Letter]

1. Name: _____

2. Father's Name: _____

3. Mother's Name: _____

4. D.O.B: ____/____/____, 5. Sex: Male/Female

6. Permanent Address:-

Village/House NO/Street Name: _____

Post Office: _____ City: _____

Police Station: _____

District: _____

State: West Bengal/Other

PIN Code : _____

8. Mob. No: _____

9. What's App NO: _____

10. Father's Mob.No: _____

11. Mother's Mob.No _____

12. Email ID: _____

13. Course Applied For: _____

14. Details of Education qualification:

Examination	Year of Passing	Board/University/Institute	Total Marks	Obtained (%)

I have carefully studied the rules & regulation of the Institution and accept them as binding on me.

Place:

Date:

Full Signature of the Candidate

Required Documents :- Both Side of (Aadhaar Card , All Marksheet), Income Certificate, signature, 3 Copy Photo, Anti-Ragging Certificate

Paste
Photograph