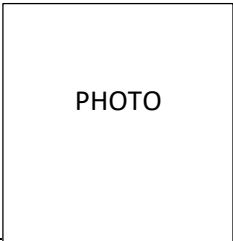




ADMISSION FORM

Training Centre Name :
Training Centre Address :
Course Name/Sector :
Batch Start Date :
Batch Assessment Date :
Course Duration :



Personal Details			
First Name		Last Name	
Gender	Male /Female/Transgender	Date of Birth (dd/mm/yyyy)	
Marital Status	Married/Single	Category	
Mobile Number		Alternate Mobile No.	
E-mail ID		Aadhaar No	
Address Details			
Current Address		Permanent Address	
Door Number/House No		Door Number/House No	
Street Number/Village		Street Number/Village	
District		District	
State		State	
Pin Code		Pin Code	
Family Details			
Family Details		Guardian's Details	
Father's Name		Guardian's Name	
Father's Occupation		Relationship	
Mother's Name		Occupation	
Family Income		Guardian's Contact No	
Religion			
Education Details			
Education Qualification	Board/University	% Marks Obtained	Year of Passing
10 th			
12 th			
Graduation			

Declaration:-

I Son/Daughter of _____ hereby declare that all the above information are true and correct to the best of my knowledge. I accept all the terms and conditions of FMS for admission. I shall abide by the rule and regulation of the FMS as they exist at present or as amended from time to time.

Date:-

Signature of Candidate:

----- For office use only -----

Signature Counsellor Receipt # Admission Amount Paid Date: _____

Name of the Counsellor:- Total Fees To Be Paid _____.