



BAMBOO RESEARCH AND TRAINING CENTRE, CHICHPALLI

APPLICATION FORM

Application Form for Admission in Academic Year 2024-25
of Course in Diploma in Bamboo Technology (BO)



Form No. :

Name of Student : _____
(First Name) (Middle Name) (Surname)

Father's Name : _____ Mother's Name : _____

Date of Birth : _____ Place of Birth _____ Gender : Male / Female

Nationality : _____ Religion _____ Caste _____ Caste Category : _____

Aadhar Card No. _____ Mother Tongue _____

Address for Communication : _____

Permanent Address : _____

Mobile No. : _____ Alternate Mobile No. _____

Email ID : _____ Annual Income : _____

DECLARATION

I, _____ hereby promise to follow the rules and regulation of institute duly amended time to time and will maintain the discipline and will of the Institution.

I have read all the rules of admission and on understanding these Rules, I have filled this Application form for Admission to First Semester of Diploma in Bamboo Technology for the Academic Year 2024-25. The information given by me in this application is true to the Best of my knowledge & belief. If at later stage, It is found that I have furnished wrong information and / or submitted false certificate (s), I am aware that my admission stands cancelled and fees paid by me will be forfeited. Further I will be subject to legal and / or penal action as per the provisions of the law.

DOCUMENTS SUBMITTED :

- | | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| 1. 10th Marks Sheet | <input type="checkbox"/> | 7. Color Photo 2 No. | <input type="checkbox"/> |
| 2. Transfer Certificate / Proforma N | <input type="checkbox"/> | 8. State of Marks (Other Board Mark Sheet) | <input type="checkbox"/> |
| 3. Caste Certificate | <input type="checkbox"/> | 9. Character Certificate | <input type="checkbox"/> |
| 4. Nationality Certificate | <input type="checkbox"/> | 10. Migration Certificate | <input type="checkbox"/> |
| 5. Domicile Certificate | <input type="checkbox"/> | 11. Affidavit (Gap/Minority) | <input type="checkbox"/> |
| 6. Aadhar Card | <input type="checkbox"/> | 12. SSC Equivalent Certificate for other state | <input type="checkbox"/> |

Signature Parents of Guardian

Signature of Student

(For Office Use Only)

Date of Admission : _____

Role Number : _____

Enrollment No. : _____

Gen. Reg. No. : _____

Fee paid at the time of admission : _____ Receipt No. _____ Date _____

Signature of HOD

Signature of Director