

Admission Form

Bihar Acupressure Yoga College

Gandhi Setu Path, East of Biscoman Colony Golamber, Patna-7
City Office : Narayan Bhawan, East Lohanipur, Patna-3

Form No

Session 20..... to 20.....

1. Name in full (Block Letters) :

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2. Father's/ Husband's Name :

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3. Date of Birth :

4. Qualification :

5. Course : Mode : Regular Distance

6. Permanent Address :

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7. Correspondence Address :

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8. Mobile No. : Email ID :



DECLARATION OF THE APPLICANT

The contents of the Admission form that I have submitted are true to the best of my knowledge. If any statement given by me as above is proved to be false, I will be responsible and liable to be punished. I have filled the Admission Form in my own handwriting.

(Signature of the Applicant)

For Office Use Only

Accepted/Rejected

Admission Roll No.

Office Incharge

Principal/Admission Incharge

Dated

Seal