

 LATEST

ATTESTED

 PHOTO

COURSE CODE

**Hill Institute Centre Reg.**

(Specify choice of Centre)  **CHOWARI** **No.**

**ADMISSION FORM**

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 Name in Capital

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Father’s Name

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 Mother’s Name

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Age Sex Date of Birth

Permanent Address:

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| City: |  |  |  |  |  |  |  |  | Pin code |  |  |  |  |  |  |

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| **Phone** |  |  |  |  |  |  | **Mobile** |  |  |  |  |  |  |  |  |  |  |

Present Address:

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| City: |  |  |  |  |  |  |  |  | Pin code |  |  |  |  |  |  |

**Education qualification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Examination** | **Subjects** | **Board / University** | **Year of Passing** | **% age of Marks** |
| SSC |  |  |  |  |
| HSC / +2 |  |  |  |  |
| PG |  |  |  |  |

**Declaration**

I hereby declare that the information provided by me is true and subject to verification by HCI. I also hereby acknowledge that I have read and understood the rules and regulations, fee structure and Syllabus decided by HCI and agree to abide by the same.

Place: Signature

Date: Name:

**BRANCH OFFICE USE ONLY**

Enrolled On …………………………………….Amount…………………………………..DD no. & Bank…………………………………

Verified by Name & Signature