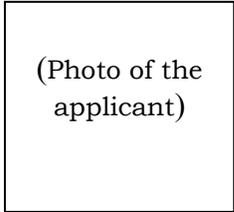




**NARENDRA PRATAP SINGH
GROUP OF COLLEGES**



Preliminary Registration Form

Please indicate the course in order of priority

COURSE PREFERENCE	COURSE CODE
A _____	_____
B _____	
C _____	

Biographical Information

Name	_____		
Sex	Male/Female	Date of Birth	_____
Nationality	_____	Religion	_____
Caste	_____	Mother Tongue	_____

Address for Communication _____

Name and occupation of the Guardian _____

Permanent Address _____

Name and Address of the Local Guardian _____

Tel Number _____ Fax No _____

Email _____

Education Qualification

Name of Qualifying Exam-HSC/CBSE, PRE-DEGREE/X Std. _____

Year of passing _____ No. of attempts _____

Affiliating body: _____

The place and institution last studied: _____

Kindly fill in mark as applicable

Subject	Marks Obtained	% Of Marks

Declaration by the Candidate

I hereby declare that the information furnished in this application form is complete, accurate and true and understand that submission of inaccurate and false information would be sufficient cause for denial of admission or termination of enrolment at anytime during the entire period of the course.

I shall abide by the rules and regulations mentioned in the prospectus.

Name

Signature of Candidate

Name

Signature of Parent/Guardian

Do you require hostel accommodation: Yes No

Do you require transport facility : Yes No

Note:

- The Parent/Guardian and candidate should sign the application otherwise it is invalid.
- Most of the students are personally interviewed by the College to ensure their suitability for the courses. Students/Parents may call on us at the admission office any day for full briefing.
- Every application form must be accompanied by the following:
 - A registration fee of Rs.500/- (non-refundable) by demand draft in favour of the respective Institution, payable at Sultanpur
 - Photocopies of certificates and mark sheets of qualifying examinations passed.
 - Conduct certificates.
 - Three passport size photographs in colour.

FOR OFFICE ONLY

List of certificates submitted: _____

Eligible / Not Eligible _____

MANAGER (ADMISSIONS)

DIRECTOR

FEES REMITTANCE SLIP

Ref.No./Folio

FOR OFFICE ONLY

Regn.No

Name of the candidate: _____ Course: _____

Date of registration: _____ Amount Payable: _____

DATE	MODE OF PAYMENT	AMOUNT PAID

CHIEF ACCOUNTANT