



Dr. K. N. MODI FOUNDATION

MODINAGAR-201204 DISTT. GHAZIABAD (UP)

REGISTRATION FORM

Reg.No.....

Session 201..... - 201.....

DATE.....

1. COURSE.....
2. NAME OF INSTITUTE :
3. MODE OF ADMISSION : UPSEE AIEEE MANAGEMENT OTHERS
4. UPSEE- RANK..... AIEEE-RANK..... OTHERS.....
5. BRANCH :
6. NAME OF THE STUDENT :
7. MOBILE NO..... E-MAIL :
8. GENDER : Male Female
9. DATE OF BIRTH (As per High School Certificate) :

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
10. FATHER'S NAME : Mob.No. :
11. OCCUPATION : DESIGNATION : ANNUAL INCOME :
12. MOTHER'S NAME : Mob.No. :
13. OCCUPATION : DESIGNATION : ANNUAL INCOME :
14. PERMANENT ADDRESS :
- City : Pin Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 District : State :
- Contact No. (with STD Code)..... E-mail ID :
15. CORRESPONDENCE ADDRESS :
- City : Pin Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 District : State :
- Contact No. (with STD Code)..... E-mail ID :
16. CATEGORY : GEN OBC SC ST
17. HOSTEL : YES NO



18. ACADEMIC QUALIFICATIONS :

Examination Passed	Subject	School/College	Board/ University	Year of Passing	Division	PCM%*	Agg.% of Marks
High School							
(10+2) / Intermediate							
Graduation :							
Diploma :							
Others :							

*PCB% for the admission in B.Pharm./B.Sc.(Bio-Tech.)

(Full Signature of Student)

(Guardian's Signature)

(Auth. Signatory)

(Note : Please bring five photographs and three self addressed envelopes stamped Rs. 25/-each)

(Office Use Only)

REGISTRATION FEES DETAILS

Amount : DD No. : Name of Bank : DD Date :

(Account's Officer)