ISO - 9001:2015

jicc®

A New Way of Career

No.

Affix your recent photograph

REGISTRATION CUM ADMISSION FORM

SESSION _____ To_____

Course Applied for : _____

University : _____

Previous Course Details : _____

Personal Details : _____

1. First Name (In Block Letters) : _____ Last Name: _____

2. E-mail ID: _____

3. Mobile No.: _____Whats App No.:_____

4. Father's Name/ Husband's Name (in Block Letters) _____

_____ Mobile No.: _____

5. Mother's Name (In Block Letters) : _____

_____ Mobile No.: _____

6. Date of Birth : ☐☐☐☐☐☐☐☐ 7. Blood Group: _____

8. Aadhar No. : ☐☐☐☐☐☐☐☐☐☐☐☐ 9. Marital Status:_____

10. Permanent Address : _____

_____

11. Father's/Mother's Occupation : _____ 12. Nationality: _____

13. Gender(Tick ✓) Male ☐ Female ☐ Others ☐

14. Category (Tick ✓) General ☐ SC ☐ ST ☐ OBC ☐ Others ☐

15. LOCAL GUARDIAN CONTACT No.: _____

16. Local Guardian's Name & Address: _____

_____

17. Academic Qualification (Starting form X or equivalent of the certificates)
(please enclose Self-attested photo copies)

Examination Passed	Name of the School / College and Board / University	Year of Passing	Stream	Marks Obtained	Maximum Marks	% of marks
10th						
12th						
Graduation						
Post Graduation						
Any other Qualification						

18. Hostel Accommodation required (Tick ✓) Yes ☐ No ☐

19. Transport Facility Required (Tick ✓) Yes ☐ No ☐

20. Co-curricular Achievement (s) : NCC/NSS/Sports/Cultural Activities (Attach (Proof)

21. Any professional/Academic Achievement (s) : _____

22. **(A) Declaration by the Candidates :**

I declare that the information given above is true and complete to the best of my knowledge & belief, and ifany of it is found to be incorrect my admission shall stand cancelled and I shall be liable to such disciplinary action as may be decided by the Institute. The decision of the Institute there on shall be final. If I Found unfit or Involved in some activities which are harmful for other students as well as institute the institute has right to terminate my admission.

Place : _____

Date : _____ Signature of the Student

(B) Declaration by the Parents/Guardian:

I undertake the responsibility of paying all dues of my Son/Daughter regularly and I shall be held myself accountable of his/her dues compliance with all rules and regulation that are in force from time to time in the Institute. And also fee once paid is not refundable / adjustable in any circumstances.

Signature of the Parents/Guardian

Enclosure Check list (Tick ✓ whichever is applicable)

1. Date of Birth Certificates.
2. Attested Certificates and mark sheets of class X, Xll and graduation.
3. Medical Certificate. (If Required)
4. Migration certificate form the last Board / University.
5. Reserved Category certificate. (If Required)
6. Eight passport size colored Photographs.
7. Permanent Resident Proof.
8. ID Proof (Aadhar Card)

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