

Form No. : \_\_\_\_\_

**REGISTRATION / ADMISSION  
FORM FOR  
B.Ed. / M.Ed.  
B.T.C., B.A., B.Com.**



**Recognised by : N.C.T.E (NCR) Jaipur  
Affiliated by C.C.S. University, Meerut**

**Hapur Bypass, Near Delhi Road, Meerut (U.P.)**

**Ph.: 0121-2519504, 09997166531, 09412202426**

**Email : [astroncollege@gmail.com](mailto:astroncollege@gmail.com), Website : [www.astroncollege.org](http://www.astroncollege.org)**

Date :

COURSE APPLIED FOR : \_\_\_\_\_ SESSION \_\_\_\_\_

Caste : GEN  OBC  SC  ST  MIN  Ph. Handicap

Full Name (In Capital) : \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Gender : Male  Female

Nationality \_\_\_\_\_

Father's / Husband's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Contact Phone No (s) : \_\_\_\_\_ Resi. \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Tel. \_\_\_\_\_ E-mail : \_\_\_\_\_

Professional /Business of Father / Guardian / Husband \_\_\_\_\_

Name and Address of Organization \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Do you require hostel accommodation : Yes  No

Do you require Bus facility : Yes  No  From where \_\_\_\_\_

Did you study Maths in 10 + 2 level : Yes  No

Are you employed : Yes  No  If yes, give name & address of organization \_\_\_\_\_

Special Achievements (if any) \_\_\_\_\_

Extra Curricular Activities / Hobbies \_\_\_\_\_

Educational Qualification :

Examination	Board / Univ.	Year	Subjects	Marks Obtained	Maximum Marks
High School					
Intermediate					
Graduation .....					
Post Graduation .....					
Any other .....					

\*To be verified from the originals at the time of admission

Give name & address of two references :

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Terms & Conditions

- Registration fee / Admission fee / any other dues once paid will not be refunded under any circumstances
- Security will be refunded only after the completion of the course.
- If any information and document (s) found misleading or fake at any time the student will be expelled from the Institute without assigning any reason.

Undertaking

I \_\_\_\_\_ S/o / D/o \_\_\_\_\_ hereby agree to abide by the terms & conditions and i declare that the particulars given above are correct and true to the best of my knowledge and belief.

Date \_\_\_\_\_  
Signature of Student \_\_\_\_\_ Signature of Father/Guardian \_\_\_\_\_

Documents Enclosed (Tick the respective box) -

1. High school Marksheet	<input type="checkbox"/>	2. Inter (10 + 2 ) Marksheet	<input type="checkbox"/>
3. Graduation Marksheet	<input type="checkbox"/>	4. Migration / Transfer Certificate	<input type="checkbox"/>
5. Character Certificate	<input type="checkbox"/>	6. Any other (Specify) _____	

Identity Card

Name : \_\_\_\_\_  
Father's Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Course : \_\_\_\_\_  
Phone Number : \_\_\_\_\_  
D.O.B. : \_\_\_\_\_

Session \_\_\_\_\_  
Gaurdian's Num. \_\_\_\_\_  
Blood Group \_\_\_\_\_

