



SAINT UMAR COLLEGE

Saqlainabad Colony Nagar, Jhansi

Ph.:(0510) 2310022 Mob.: 09415505399

Student ID No. _____

Reg. No. _____

Class _____

S.R. No. _____

ADMISSION DATA

Date _____

Student's Name _____

D.O.B. _____

Father's Name _____

Qualification _____

Mother's Name _____

Qualification _____ Cast _____

Religion _____

Address _____

Occupation _____

Landline / Mob. No. (Guardians) _____

Last School _____

Family Mobile No. _____

Declaration

I Declare that the information given above are true to the best of my knowledge if at any time any information is found false, my admission should be canceled. I have clearly read and understood all the rules and regulations given in the prospectus and I bow to follow them truly.

Signature of Guardian

Signature of Applicant

Date

Date

For Office Use

S.R. No. _____

Total fee Received _____

Reg. Fee _____

Tution Fee _____

Other Charges _____

Total _____

Regd. No. _____

Receipt No. _____

Date _____

Cashier _____

Signature of Controller

For Teacher's Copy

S.R. No. _____

Student's Name _____

Father's Name _____

D.O.B. _____ Address _____

Date _____

Regd. No. _____

Class _____

Mother's Name _____

Mob. No. _____