



# 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  District : .....State : .....  
Contact No. (with STD Code).....E-mail ID : .....
15. CORRESPONDENCE ADDRESS : .....  
City : .....Pin Code  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)