

SYSTEM OF EDUCATION, WELFARE AND CULTURE (SEWAC)

E-95, Shaheen Bagh, Jamia Nagar, Okhla New Delhi – 110025

ADMISSION FORM

Name of the Applicant:

Father's/ Husband's Name:

Father's/ Husband's Phone no:

Mother's Name:

Mother's Phone no:

Date of Birth: Aadhaar No:

Qualification: Email Id:

Mobile No 1 : Mobile No 2 :

Religion: Category: OBC [] SC [] GEN []

Marital Status: Married [] Unmarried []

Address:

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Student Agreement

I.....hereby declare that above mentioned information given by me is true and complete as per my knowledge. If any discrepancy found in stated information by me then organization has authority to cancel my application. I also declare that there is no criminal case on me.

Date:

Place:

Thumb Impression (Left/Right) & Signature of Applicant

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FOR OFFICIAL USE ONLY

Course Name Enrollment No

Batch No Batch Timing

Signature of Official

