## SHANKARLAL AGRAWAL SCIENCE COLLEGE SALEKASA

## SALEKASA DIST. GONDIA 441916

	Registration	Form	
Add on Course:-			
Admission No:	Session: -		
Name:			-
Father's/Guardian's Name:			
Date of Birth:			
Mailing Address:			
	Tel.No	Mobile:	-
Permanent Address:			
DECLARATION  I declare that all the information contained in the application form is correct and true to the best of my knowledge. Any discrepancy in the information provided, if discoveredlater, would result in the automatic cancellation of my application without refund of anyfee or payments made. If I am held responsible for any breach of college discipline, Iwould be dismissed from the course without refund of any fee or payments made. Incase I like to withdraw my admission, I am aware that no refund of any fee or paymentswill be made. I agree to abide by all the relevant rules and regulations framed by the college authorities.			
Date:		Signature of the Applica	ant:
Signature of the Co-ordinator		Signature of the Co-co	ordinator
	••••••		,
Miss/ Mrs/ Mr			