



GANPATI'S

Ganpati Group of Institutions

CHHCHHRAULI ROAD, BILASPUR, DISTT. YAMUNA NAGAR (HARYANA)
 Website: www.ganpatiinstitutions.com, e-mail:ganpatibilaspur@gmail.com

Admission Form (2015-16)

Name of the Course enquired for _____ Dated: _____

Photograph
 One Paste &
 Two Attach

M.Tech (Co-Ed)		M.B.A. (Co-Ed.)	
B.Tech (Co-Ed)		BBA	
B.Tech (LEET)		B.Pharmacy (Co-Ed)	
Polytechnic		B.Pharmacy (LEET)	
Polytechnic(LEET)		B.Ed (Girls)	

- Name of the Candidate _____
- Father's Name _____
- Mother's Name _____
- Date of Birth _____
- Nationality _____
- Choice of the Branch (For M.Tech, B. Tech & Polytechnic Courses only)

[M.Tech streams - Computer Science & Engineering, Mechanical Engineering]

[B.Tech streams- Computer Science, Electronics and Communication, Mechanical, Civil, Electrical]

[Polytechnic Streams-Mechanical, Mechanical Tool & Die, Mechanical Production, Mechanical Mechatronics, Electrical, Civil, Electronics & Communication, Computer, Automobile]

The candidates should mention the Branch in order of preference	Order of Preference
	1
	2

7. Please tick the category you belong to (for statistical information only):-

Male Female

Gen SC (A) SC (B) BC(A) BC(B) PH Ex-Servicemen OBC Any other

State Domicile

District

8. Hostel: College Bus: Roadways Bus: Own Vehicle:

9. Academic details:

Name of Examination	Month/Year of Passing	University/Board	Maximum Marks	Marks Obtained	% Marks and Division	% PCM (if Applicable)
Matric						
10+2 of Equivalent**						
Graduation*						
Any Other*						

**Mention name/stream of the course*

10. Full Postal Address for Correspondence: _____

_____ City _____ State _____ Pin Code _____

Mobile No. _____ Alternate Phone No. _____

11. Permanent Address: _____

_____ City _____ State _____

Phone (Mobile) _____ Alternate Phone No. _____

12. Name and Address of Local Guardian, if any [For Hostel Candidates]

_____ Relationship _____ Mobile No. _____

Signature of the Father/Mother/Guardian

Signature of Applicant

For office use

Referral: Staff Student Other

Name & Phone No.: _____ Branch/College _____

Total Fees Committed: _____
(to be sanctioned by Chairman)

Admission co-ordinator

Chairman

Name of the Candidate:..... Father's Name:..... Course:.....

Referral done by : _____

Commitment: _____
(to be sanctioned by Chairman)

Admission co-ordinator

Chairman