

GANPATI'S

Ganpati Group of Institutions,

Chhachhrauli Road, BILASPUR. Distt. Yamuna Nagar (Haryana)

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Ph. No. 01735-306000. Fax: 01735-306112

Registration Form (2011-12)

Name of the Course enquired for _____

Dated: _____

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

1. Name of the Candidate _____

2. Father's Name _____

3. Father's Occupation _____

4. Mother's Name _____

5. Date of Birth _____ 6. Nationality _____

7. Choice of the Branch (For **B. Tech & Polytechnic** Courses only)

(B.Tech streams – Computer, Electronics and Communication, Mechanical, Information Technology, Civil, Electricals*

Polytechnic Streams- Mechanical, electrical, Civil, Electronics & Communication, Computer, Automobile)

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

8. 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 Any other

State Domicile District

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

10. Academic details:

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

***Mention name/stream of the course**

11. Full Postal Address for Correspondence _____

_____ City _____ State _____ Pin Code _____

Phone (with STD Code) _____ Mobile _____ Email ID _____

12. Father's Office Address for correspondence _____

_____ City _____ State _____

Phone (Mobile) _____ Landline _____

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

Relationship _____ Phone No. _____

Signature of the Father/Mother/Guardian

Signature of Applicant

For Office use:

Employee referral done by: _____

Amount of Scholarship committed and period : _____

(to be sanctioned by Chairman)

Admission co ordinator

Chairman