



JANTA GROUP OF INSTITUTIONS

VPO Saraswati Nagar (Mustafabad), DISTT. YAMUNA NAGAR (HARYANA)

Website: www.jgi.co.in, e-mail:jantainstitutions@gmail.com

Admission Form (2016-17)

Name of the Course enquired for _____ Dated: _____

Photograph
One Paste &
Two Attach

| | | | |
|---|--|---------------------------------------|--|
| Polytechnic | | M.B.A | |
| Polytechnic(LEET) | | BBA | |
| BA/B.com | | B.Ed | |
| B.Sc | | D.Ed. (JBT) | |
| M.Com | | B.Sc B.Ed./ B.A B.Ed. (Integrated) | |
| PG Diploma in Faishon Designing/Hair & Skin Therapy | | Any Other | |

- Name of the Candidate _____
- Father's Name _____
- Mother's Name _____
- Date of Birth _____
- Nationality _____
- Choice of the Branch (For Polytechnic Courses only)

[Polytechnic Streams-Mechanical, Civil, Electronics & Communication, Computer]

| 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. _____

Aadhar Card No./UID (Attach Photocopy) _____

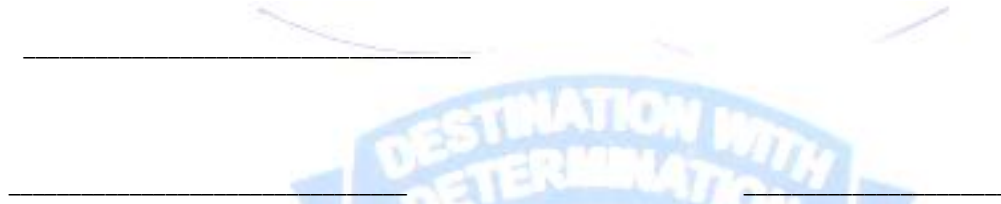
11. Permanent Address: _____

_____ 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

Manager

Chairman

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

Referral done by : _____

Commitment: _____

(to be sanctioned by Chairman)

Admission co-ordinator

Manager

Chairman