

GOKULSHREE SCHOOL OF

MANAGEMENT AND TECHNOLOGY PVT LTD

Admission Form

Applicant Name						
Father Name	1/4					
Date of Birth	4					
Gender	Male	Female				
Address		n E				
City			State	S	PIN	
Contact No		53	Alternate I	No		
Email ID				Aadhar No.		
Course Name		ES	TD. 20 _{Ad}	Imission Date		
Academic Qualifica	ation					
Degree /	Course		University / Board		Passing Year	Percentage
				- 1	-	
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Note: Admission course change fee will be payable from applicant side at the time of changing in the admission course!

Declaration: I am aware about the policies of GSMT and agreed all the stated terms and conditions. I hereby declare that the above given information by me is completely correct and in case of any deception, I would be the fully responsible and in such circumstance the institute can take any legal action against me.

Counsellor's Signature & Date

Applicant's Signature