RASHTRIYA MUKTA JANA SHIKSHA PARISHAD

(An Autonomous Institution Registered Under the Society & Public Trust Act-Govt of India, N.C.T. New Delhi)
An ISO 9001:2008 Certified Organization

www.rmjsp.com

REGISTRATION FORM

Kindly Full-up This form in **CAPITAL LATTERS**. Blue/Black Ink only

PHOTO

Signature

CODE | State Code
Course Name | Couras Code
Course Duration | Date Submition

This is FREE application Form, Don't Pay For It

1. FULL NAME (As per Certificate)

2. Father's / Husband's Name (As per Certificate)

3. Mother's Name (As per Certificate)

4. Present Address

5. Permanent Address

6. City/District: **7.** State: **8.** Pin:

9. Mob No: **10.** Email ID: **11.** DOB: D D M M Y Y Y Y

12. Category: General OBC SC ST Handicapped **13.** SEX M F

14. Religion **15.** Marital Status: Single Married Divorced

16. Detail of Educational Qualification

Particulars	Year Of Passing	% of Mark	Board / University / School / Collage
8TH			
10TH			
HS			
Graduate			
DEGREE			
OHTERS			

17. Father's/ Husband's Mobile:

18. Document Enclosed:

- ☐ Admission From (AD-01)
- ☐ Attested copy of Age proof ☐
- ☐ Attested copies of Certificates and Marks- Sheets (Of the courses stated in column 15)
- ☐ 2 Copies of recent colour 3.5x2.5- size photo. (Unattested and unsigned)
- ☐ For University / Board / Courses extra 8 copies photo.

DECLARATION BY THE APPLICANT

I here declare that I read all the rules and regulations of the institute and I am committed to follow all the rules with best of my efforts.If found any violation then the institute authority has the rights to terminate my regsitration in case of termination the institute will not responsible for any fee return or any kind of claim. I also declare of my knowledge

Date:_____

Place:_____ Signature of Applicant Signature of Guardian

FOR STUDY CENTER USE ONLY

I have checked and verified all the documents of _____ and found them correct.

As he was found eligible for admition, he is admitted to the_____ course

of _____ on _____ in the _____ session of the year _____

Copies of his testimonials have been kept at the centre. His /Her Admission No. in this centre is _____

I recommend for his registration.

Verification of Study Center (With Seal)
Signature Of CO-Ordinator

Place: _____

Date: _____

HEAD OFFICE USE ONLY

From Receiving Date

D	D	M	M	Y	Y	Y	Y

Enrollment No

Authorised Signature