



SONIKA EDUCATION FOUNDATION

Degree and Diploma Institute

Reg. Under Ministry of micro, Small and medium Enterprises
Reg. No. Udaym-UP-62-0031735 (ISO Certified 9001:2015)



Admission Form

1. Admission Sr.No:.....Office Use Only.....
2. Admission date:.....DD...../MM...../YYYY.....
3. Course Name:.....
4. Applicant Name:.....
5. Father's Name:..... 6. Mother's Name:.....
7. DOB:.....DD...../MM...../YYYY..... 8. Gender: M F 9. Father Occupation:.....
10. Father Contact No.:+91-..... 11. Applicant Contact No.:+91-.....
12. Email:..... 13. Category: Gen SC ST Other's(.....)
14. Religion:..... 15. Aadhar Card No.:..... 16. Cast:
17. Correspondence Address:.....
18. Post:..... 19. Pin: 20. Distt:.....
21. State:..... 22. City:.....
23. Father Spouses: Yes No 24. If Father Spouses fill Reason:.....
25. Blood Group:..... 26. Batch: 22. Member Id:.....
26. Academic Qualification



Sr.	Class	Board/University	School/College	Percent	Passing Year
1.	10th				
2.	12th				
3.	Graduation				
4.	Post Graduation				

I declare that, the information given above is true and I promise to abide by rules & discipline of the center. I have read all the term to the course Applied for. My Admission will be canceled if anything found false

.....
Candidate Signature

For Office Use Only

Enrollment Number:..... Form Number:.....
Form Recieved Date:/...../.....

Signature of Director with Stamp