

<b>5. Date of Birth</b> <small>(as per Class X Certificate)</small> <table style="width:100%; text-align: center;"> <tr> <td>Date</td> <td>Month</td> <td>Year</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>0 0</td> <td>0 0</td> <td>0</td> </tr> <tr> <td>1 1</td> <td>1 1</td> <td>1</td> </tr> <tr> <td>2 2</td> <td>2 2</td> <td>2</td> </tr> <tr> <td>3 3</td> <td>3 3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> <td>5 5</td> </tr> <tr> <td>6</td> <td>6</td> <td>6 6</td> </tr> <tr> <td>7</td> <td>7</td> <td>7 7</td> </tr> <tr> <td>8</td> <td>8</td> <td>8 8</td> </tr> <tr> <td>9</td> <td>9</td> <td>9 9</td> </tr> </table>	Date	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 0	0 0	0	1 1	1 1	1	2 2	2 2	2	3 3	3 3	3	4	4	4	5	5	5 5	6	6	6 6	7	7	7 7	8	8	8 8	9	9	9 9	<b>6. Choice of Exam Center Code</b> <small>(as listed at page 18)</small> <table style="width:100%; text-align: center;"> <tr> <td>1st</td> <td>2nd</td> <td>3rd</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>0 0</td> <td>0 0</td> <td>0 0</td> </tr> <tr> <td>1 1</td> <td>1 1</td> <td>1 1</td> </tr> <tr> <td>2 2</td> <td>2 2</td> <td>2 2</td> </tr> <tr> <td>3 3</td> <td>3 3</td> <td>3 3</td> </tr> <tr> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>7</td> <td>7</td> </tr> <tr> <td>8</td> <td>8</td> <td>8</td> </tr> <tr> <td>9</td> <td>9</td> <td>9</td> </tr> </table>	1st	2nd	3rd	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 0	0 0	0 0	1 1	1 1	1 1	2 2	2 2	2 2	3 3	3 3	3 3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	<b>7. Category</b> <input type="checkbox"/> <b>Gen</b> (1) <b>SC</b> (2) <b>ST</b> (3) <b>OBC</b> (4)
Date	Month	Year																																																																								
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																								
0 0	0 0	0																																																																								
1 1	1 1	1																																																																								
2 2	2 2	2																																																																								
3 3	3 3	3																																																																								
4	4	4																																																																								
5	5	5 5																																																																								
6	6	6 6																																																																								
7	7	7 7																																																																								
8	8	8 8																																																																								
9	9	9 9																																																																								
1st	2nd	3rd																																																																								
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																								
0 0	0 0	0 0																																																																								
1 1	1 1	1 1																																																																								
2 2	2 2	2 2																																																																								
3 3	3 3	3 3																																																																								
4	4	4																																																																								
5	5	5																																																																								
6	6	6																																																																								
7	7	7																																																																								
8	8	8																																																																								
9	9	9																																																																								

<b>8. Year of Passing</b> <input type="checkbox"/> / <b>Appearing</b> <input type="checkbox"/> <b>Class XII</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>9. Sex</b> <input type="checkbox"/> <b>Male</b> (1) <b>Female</b> (2)	<b>10. Nationality</b> <input type="checkbox"/> <b>Indian</b> (1) <b>Foreign</b> (2)
--	--	--

<b>11. Left Hand Thumb Impression</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>12. Marital Status</b> <b>Married</b> (1) <b>Unmarried</b> (2)	<b>13. Religion</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>14. Language Known</b> <b>Hindi</b> <input type="text"/> Y/N <b>English</b> <input type="text"/> Y/N <b>Others</b> <input type="text"/>
--	---	--	---

15. Father's Profession \_\_\_\_\_

16. Father's Annual Income \_\_\_\_\_

17. Educational Qualification and Marks Obtained

Exam Passed	Passing Year	University / Board of Examination	Subjects/ Trade	Percentage
10 <sup>th</sup>				
10+2 / Diploma				
Any Other				

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Signature of Parents

**For Office Use**  
**REMARKS OF ADMISSION COMMITTEE**

1. Details of registration fee paid

- a. Cash \_\_\_\_\_ (receipt no)  
b. DD \_\_\_\_\_ (DD details \_\_\_\_\_)  
c. Online payment \_\_\_\_\_ (transaction id)

3. Registration completed on : \_\_\_\_\_

5. Roll no. \_\_\_\_\_

7. Result (pass / fail) : \_\_\_\_\_

9. Counselling schedule on : \_\_\_\_\_

11. Admission fee received : \_\_\_\_\_

2. Verified by accounts department \_\_\_\_\_

4. Roll no. generated on \_\_\_\_\_

6. Admit card generated on \_\_\_\_\_

8. All India Rank in AMEEE: \_\_\_\_\_

10. Completed on: \_\_\_\_\_

12. Admitted in stream \_\_\_\_\_

\_\_\_\_\_  
Sign of admission incharge

\_\_\_\_\_  
Sign of Training manager