

SHRI RAM

Mob:- 9958635276

(IAS STUDY CENTRE)
2ND FLOOR BATRA CINEMA COMPLEX

ENROLMENT FORM

S. NO.

DATE:

1. Name (In Block Letters)

2. Date of Birth:

3. Category (SC/ST/OBC/General)

4. Local/Hostel Address.....

..... Ph. No.

5. Permanent Address (Mailing address in case of postal guidance).....

.....

.....

..... Ph. No.....

6. Father's/Husband's Name Profession.....

7. Local Guardian (Name & Address)

.....

..... Ph. No.....

8. Details of Educational Qualification.....

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9. The Guidance Program You Wish To Join.....

10. Medium Batch

11. Subject(s) you Prelims (GS-I) Main: GS (Main)

(GS-II) GS (Pre cum Main)

Optional

This is to state that ISon/daughter/Wife of
.....Resident of

am joining **SHRI RAM** IAS STUDY CENTRE having a complete knowledge of the Institute and of its rules and regulations and discipline as mentioned in the Information Bulletin. I declare that I will abide by the rules and regulations and the discipline of the Institute. In case of violation of discipline and non-seriousness towards study I can be terminated from the Institute without any claim for the refund of fees. For disciplinary action the decision of the managing body of the Institute will be final. **I am aware of the fact that fees once submitted to the Institute are not refundable.**

Counter Signature of
Father/Local Guardian
of the Candidate

Signature of Candidate

For Office use only

Admitted for courseBatch Medium

Date of admission Enrolment No.

Fee received Rs..... Vide Receipt No.

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.....

Signature of Administrator

Signature of Candidate