

JAVA INTERNATIONAL ORGANIZATION

[Regd. Under Society Act-21, 1860 Government of Jharkhand, Reg. No. 1206/08-09]

Regd. under Ministry of Micro, Small and Medium Enterprises for

Services Sector Vide URN-UDYAMJH180018167, Govt. of India

An ISO 9001:2015 Certified Organization

ADMISSION FORM

Full Name of the Applicant (Space Should be given between First Name, Middle Name & Sur Name):										
<input type="text"/>										
Father's Name/Husband Name (Space Should be given between First Name, Middle Name & Sur Name):										
<input type="text"/>										
Father's/Guardian's Occupation:								Space for Photograph		
<input type="text"/>										
<input type="text"/>										
<input type="text"/>										
Date of Birth:	D	D	M	M	Y	Y	Y	Y	Sex:	M= Male F=Female
Course Name:		<input type="text"/>						Course Code:		<input type="text"/>
Complete Address for Correspondence:										
<input type="text"/>										
<input type="text"/>										
<input type="text"/>										
District								Pin Code		
State:										
Mob. No.:										
E-Mail Id:										
Details of Qualifying Examination:										
Exam Passed	School/College Name			Name of Board/University			Year Of Passing	Percent Obtained		
10 th (Matric)	<input type="text"/>			<input type="text"/>			<input type="text"/>	<input type="text"/>		
12 th (Inter)	<input type="text"/>			<input type="text"/>			<input type="text"/>	<input type="text"/>		
Degree	<input type="text"/>			<input type="text"/>			<input type="text"/>	<input type="text"/>		
.....	<input type="text"/>			<input type="text"/>			<input type="text"/>	<input type="text"/>		
Declaration: I hereby declare that all the above information is correct and complete to the best of my knowledge and belief. I have gone through the entire rules and regulations (mention is prospectus) very carefully and abide by the same and to act accordingly. In the event of suppression or distortion of any act made in my application form. I understand that my admission is liable for cancellation and the legal action can be taken against me.										
Place:					Roll No. <input type="text"/>					
Date:					Batch Time: <input type="text"/>					
Signature of Applicant										

