

ANTARRASHTRIYA BAUDH SHODH SANSTHAN, LUCKNOW

(Department of Culture U.P.)

Phone No. - 0522-2307404,

Certificate Course

Form No.....

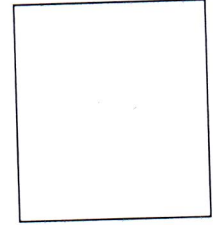
Admission Form-2023

Date.....

- 1- Session : _____
- 2- Faculty : _____
- 3- Course : _____
- 4- Year/Semester : _____
- 5- Roll Number : _____
- 6- NAME (in block letter) : _____
- 7- Father's Name : _____
- 8- Mother's Name : _____
- 9- Nationality : _____
- 10- Date of Birth : _____
- 11- Gender : _____
- 12- Local Address : _____

- 13- Permanent Add. : _____

- 14- Mobile : _____
- 15- Email : _____
- 16- Category (Please Tick ✓) GEN OBC SC ST
- 17- Sub Category : _____
- 18- Details of Earlier Examination Passed.



Student's Signature

Verified and Forwarded

Signature of Principal along
with date and college seal

S.N.	Class/Course	Year of Passing	Name of Board/Univesity	Subject	Max. Marks	Marks Obtained	Percentage of marks
1.	High School						
2.	Intermediate						
3.	Graduation						
4-	Post Graduation						

19- No. Of Enclosure.....

I hereby declare that the information given herein is correct to best of my knowledge and believe.

Signature of Applicant