

ANTARRASHTRIYA BAUDH SHODH SANSTHAN, LUCKNOW

(Department of Culture U.P.)

Phone No. - 0522-2307404,

Certificate Course

Form No.....

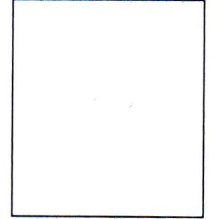
Admission Form - 2024-2025

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