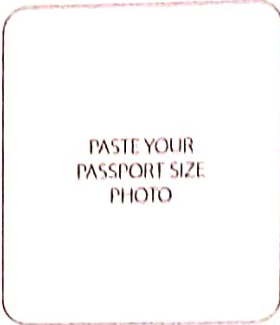




PRATHIBHA GROUP OF INSTITUTION

Authorized University Study Center



PASTE YOUR
PASSPORT SIZE
PHOTO

REGISTRATION FORM

D	D	M	M	Y	Y	Y	Y

Name Of The Candidate

Father's Name

Mother's Name

Gender : Male

Female

Date Of Birth

D	D	M	M	Y	Y	Y	Y

Nationality

Aadhar No

Passport No

Address

District

Pin Code

Mobile No

Email Id

Education & Qualification

10th

12th

Degree

PG

Note : Fees Ones Deposited Will Not Be Refunded. However, If The University Does Not Find The Candidate Eligible For Admission The Fee Will Be Refunded.

Signature of the Candidate

Signature of the Parent

For Office Use Only

Course Applied For

Branch

University

Payment Details

Bill Date	<input type="text"/>	Bill No	<input type="text"/>	Total Fee	<input type="text"/>	Paid Fee	<input type="text"/>	Balance Fee	<input type="text"/>
Bill Date	<input type="text"/>	Bill No	<input type="text"/>	Total Fee	<input type="text"/>	Paid Fee	<input type="text"/>	Balance Fee	<input type="text"/>
Bill Date	<input type="text"/>	Bill No	<input type="text"/>	Total Fee	<input type="text"/>	Paid Fee	<input type="text"/>	Balance Fee	<input type="text"/>
Bill Date	<input type="text"/>	Bill No	<input type="text"/>	Total Fee	<input type="text"/>	Paid Fee	<input type="text"/>	Balance Fee	<input type="text"/>

Name of the Academic Counselor

Verified by Head of the Department

Branch : Kochi Kozhikode Perinthalmanna