



ASTRAL INSTITUTE OF TECHNOLOGY AND RESEARCH, INDORE (M.P)
KAILOD KARTAL, BYPASS ROAD, INDORE 452020 PH.:0731-6457555

ADMISSION FORM

(TO BE FILLED IN CAPITAL LETTERS)

Date: / /

Form No:

BE/MBA _____ Year _____ Branch _____

Name of Candidate: _____
 (According to 12th Mark sheet)

Scholar No. _____ Enrollment No. : _____

State of Domicile _____ Nationality _____

Gender: Male Female Date of Birth: / /

Category: General OBC SC ST Blood Group _____

Community Belonging To: Hindu Jain Muslim Sikh Parsi Christian Buddha

Present Address: _____

City _____ Contact No. _____ Mobile No. _____

Permanent Address: _____

City _____ District _____ State _____ Pin Code _____

Telephone: _____ Mobile No: _____ E-Mail: _____

Name of the Local Guardian & Address: _____

_____ City _____ Contact No. _____ Mobile No. _____

ACADEMIC PERFORMANCE

Education	Board/University	Year	Marks Obtained/ Out Of	Percentage	Migration No.
10 th					
12 th					
Diploma					
Graduation					
PET/MET/AIEEE					
Other					

ACHIEVEMENTS

1) Academic (Merit Award) Details of Award _____

2) Sports Interest _____ Represented at District/State/University/National Level.

3) Cultural Interest : Drama Dance Debate Music

Recent
Photograph
Of Student

Student's Signature



FAMILY INFORMATION

Grandfather's Name: _____
Father's Name: _____
Organization Name: _____
Designation: _____
Address (O): _____
Phone No: _____
Annual Income: _____

Grandmother's Name: _____
Mother's Name: _____
Organization Name: _____
Designation: _____
Address (O): _____
Phone No: _____
Annual Income: _____

Declaration of Candidate:

I solemnly declare that the details furnished above by me are true to the best of my knowledge & belief. If any statement found to be false, my admission may be cancelled.

I am fully aware that if I engage in any activities, which shall damage the image or property of the institute within the campus or outside the campus, I may be expelled from the Institute.

I undertake to use bus facility which is compulsory to all the students seeking admission in the Institute.

I undertake that I will continue my studies at **Astral** till completion of my course. If I leave the Institution in Midstream or before completion of course, I will pay the entire fees for the balance course duration (as per Para 41 of the report of Committee for Fee Fixation of Professional Institutions.)

I agree that all the documents & certificates submitted to the institute will be returned only after completion of full course and payment of all fees and dues.

Further I declare that my admission may be cancelled if (I) I am found involved in any kind of undesirable/in - disciplinary activities. (II) My attendance is less than 75% in any subject. (III) I am found in ragging in any form, as I am fully aware that ragging in any form is illegal & I have full knowledge of the provision of the Indian Penal Code and rules of the State Govt. of Madhya Pradesh. If I indulge in ragging I am liable to be persecuted against as per orders of the Hon. Supreme Court of India.

I have undergone the instruction carefully and I understand my admission is subject to the rules & regulation of the institute. I undertake to comply with any changes in status/ordinance/regulations/syllabi that may be made time to time by the institution. I promise to abide by the administration & management of the institute.

Place: _____ (Name & Full Signature of the Applicant)
Date: _____

- Note:-
- 1) Students' desire of applying for Govt. Scholarships must obtain prescribed application form and must submit duly completed form along with necessary enclosures within ten days from the date of admission.
 - 2) Fee Structure is subject to modification.

(For Office Use)

1. Eligible for Regular/Provisional Admission.
 2. Bus Route No. Stage
- Date: _____

(Authorized Signatory)
Astral Institute of Technology & Research