

Registered under SR Act XXI 1860, Govt. of Assam (India)

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APPLICATION FORM					
Registration No.					
Date of Admission					
Course					
Personal Details:					
Name (Block Letters)					
Father's Name					
Mother's Name					
Date of Birth		Gender	Gender		Female
Caste		Religion	Religion		
Address (Permanent):					
Vill / Locality					
P.O.		P.S.			
District		State			
PIN		Country			
Contact No.		Emergency	Emergency Contact No.		
Academic Qualification:					
Name of Examination	Board/University	Year	Class/Di	vision/Grade	% of Marks
DECLARATION BY THE APPLICANT					
I do hereby declare that the information provided by me are true to the best of my knowledge. I admit that I shall abide by the Rules & Regulations of the institute as formed by the Authority.					
Signature					
		Date			
FOR OFFICE USE ONLY					
Total Fees					
Total Fees (After Discount)		Signature	e		