



# GATEWAY INSTITUTE OF COMPUTER EDUCATION

Photograph

## ADMISSION FORM

Roll No: \_\_\_\_\_

Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name

Father's Name

Mother's Name

Date Of Birth

Gender

Male

Female

Course Name

Duration

Student's Whatsapp No.

Parents's Contact No.

Phone

E-mail ID

Aadhar Number

Qualification

Address

Attachment

Aadhar Card Xerox Copy

☐

Highest Qualification Xerox Copy

☐

Office use only

Branch Name

Batch Timing

Course Fees

Discount

I hereby declare that the particulars mentioned above are correct and true according to the best of my knowledge and belief and nothing has been cancelled for discord. If any information given by me found incorrect or false, my ward admission shall be cancelled at any time without any notice.

Centre Head's Signature

Student's Signature