

S R GROUP OF INSTITUTIONS

An ISO Certified, Govt. Registered Skill Development Training & Vocational Educational Institute

Addmission Form

Personal In	formation		
Full Name	:		PHOTO
Father's Name	i		
Date of Birth	;		
Full Address with pincode	ž		
Course Name	:		
Qualification	:		
Gender	į		
Blood Group	:		
Phone No.	:		
E-mail			
Candi Signi		Official Signature & Stump	