

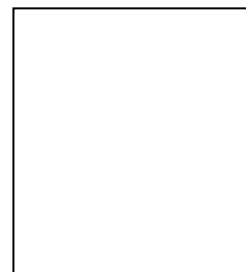


# GALAXY GROUP OF EDUCATIONAL INSTITUTES

SECTOR E, EXTN. SAINIK COLONY, JAMMU.  
PH.: (O) 0191-2468452, FAX: 0191-2468270, (M) 094191-81721

## Admission Form for Courses

M.B.A	B.B.A	B.C.A
B.Ed	E.T.T/S.T.C	Paramedical



Form No. \_\_\_\_\_

*Note: All entries must be filled in capital letters*

1. Courses Applied For \_\_\_\_\_
2. Name \_\_\_\_\_
3. Sex (Male/Female) \_\_\_\_\_
4. Date of Birth (as recorded in Matriculation certificate): \_\_\_\_\_
5. Marital Status \_\_\_\_\_
6. Father's Name \_\_\_\_\_ Mother's \_\_\_\_\_
7. Guardian's /Husband's Occupation and income \_\_\_\_\_
8. State & District to which you belong along with the permanent address \_\_\_\_\_  
\_\_\_\_\_
9. Present Address for correspondence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Telephone Number with Code: \_\_\_\_\_
11. Academic Qualification: \_\_\_\_\_

S. No	Examination Passed	Board	Roll No.	Year	Marks	%age	Division	Subject Offered
1.	Matriculation							
2.	Hr. Sec. Part II							
3.	Graduation							
4.	Any other							

Acknowledgement Slip  
To be filled by applicant

**GALAXY GROUP OF EDUCATIONAL INSTITUTES**  
EXT. SECTOR E, SAINIK COLONY, JAMMU. Ph.: 01912468452, (M) 94191-81721

Name of the Applicant \_\_\_\_\_ Course Applied \_\_\_\_\_

(To be filled by the Office) Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by \_\_\_\_\_

Signature \_\_\_\_\_