



# SCHOLAR'S INSTITUTE

(A GATEWAY FOR DOCTORS & ENGGINEERS)

J.B Complex, 1st Floor, C- Sector, Itanagar - 791111

Ph. : Call: 9402736082 / 6909667340

Affix one passport size photograph here

Form No. :

## ADMISSION TEST

Subject :

- Name of student in full (in block letters):
- Name of father/Mother :
- Name of Local Guardian :
- Permanent Address
  - Vill. :
  - P.O/P.S :
  - Dist. :
  - State :
- Present Address
  - C/o :
  - Dist. :
  - State :
- Phone No. Local Guardian :
- Phone No. Parents :
- Phone No. Student :

7. Date of Birth :

DAY                      MONTH                      YEAR

(copying of certificate as proof of age to be enclosed)

8. Academic Records :

Class	Name of the School/Institute	Year of passing	Name of board	%age of marks on aggregate
X				
XI				
XII				

Date :

Place :

(Sign. of Student)

Roll No. -

### ADMIT CARD SCHOLARSHIP TEST

Subject :

Affix one passport size photograph here.

Student Name : - .....

F/Name : - .....

Address : - .....

Date of Birth : - .....

Male / Female : - .....

Contact No : - .....

Management  
SCHOLARS' INSTITUTE

(Sign. of Student)