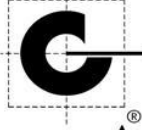




JAS-ANZ



MULTI TECHNICAL AND SOCIAL WELFARE SOCIETY

An ISO 9001:2008 Certified Organisation

# Doctor PC

Head Office : Mahadeva Road, Ara  
Dist.: Bhojpur State : Bihar-802301

Student ID No. (Please leave blank)

Name of Course applied for:

BRANCH CODE :

(To be neatly typed or handwritten in blue or black ink)

A. NAME :

(As you would like on your Certificate / Mark sheet)

B. FATHER'S NAME

C. DATE OF BIRTH

D. Gender

Female

Male

Day

Month

Year

E. OCCUPATION

(In case you are a student, mention details such as College, course, year etc.)

F. ADDRESS FOR COMMUNICATION

Apartment / House Number & the Name of the Building

Street / Road

Town / City

State

Country

Pin Code

G. Mobile / Contact No.

H. ADDITIONAL QUALIFICATION ( IF ANY)

I. DOCUMENTS

Please enclose self signed photocopies of the following documents:

Proof of Educational Qualification (any one)

Mark sheet

Degree

Other ( Pl Specify)

I shall abide by the academic and administrative rules and regulations of Doctor PC and MTSWS Ara . By my signature below, I certify that to the best of my knowledge and belief, the information provided in this application form is true and complete.

Authorized Signatory

Signature of Student

Please paste your recent passport size colour photograph in this box.  
**DO NOT STAPLE**