



# SAINI BHAWAN ROPAR (Estd. 1984)

KAKA RAM SAINI CHARITABLE TRUST (REGD.)

ROPAR, 01881-220078

Sr. No. ....

Roll No. ....

Session .....

Fill the form in block letters (English) only

Beautician ART  
CENTRE  
**Art of Beauty**



Name of the Course \_\_\_\_\_

Full Name of Candidate : \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_

Father's Name \_\_\_\_\_

Complete Address for Correspondence \_\_\_\_\_

Distt / State: \_\_\_\_\_ Telephone No. (With S.T.D. Code) ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-Mail address \_\_\_\_\_

Receipt No. \_\_\_\_\_ Amount Rs. \_\_\_\_\_ Date \_\_\_\_\_

## Educational Qualifications:

Declaration :

I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief. In the event of suppression or distortion of any fact like educational qualification, nationality, study period etc., made in my application/form. I understand that my admission is liable to cancelled and I further agree to abide by the instructions issued by the Managing Committee from time to time

Place:

Date:

Parent / Guardian's Signature

Candidates Signature