

Your Institute Name Here

ADMISSION FORM

Course Applied: **PASSED**

Adm No: **1,001**

Adm Test Date/Time:

Name: **Megha Makhija**

Roll No: **1001**

Father Name: **Mr. S.B. Gupta**

Gender: **F**

Mother Name: **Mrs. Rekha Gupta**

Permanent Address: 139,Om Shanti Nagar,Jhansi

Phone No:

Local Address: 139,Om Shanti Nagar,Jhansi

Mobile: **09838769883**

DOB: **22-Sep-90**

Email-id:

Name of previous School: **NO**

Class: **PGDM (FIN) 2 Year**

Board: **2007**

Course: **None**

Medium: **M.P.**

Category: **None**

Registration Date:**17-Sep-07**