Admission Form No.

Tel No. 5549343 / 016216073

Lotus Academic College

(Affiliated with T.U.)

Post Graduate Diploma in Buddhist Studies

ADMISSION FORM

Photo

Faculty/Institute ..... Level .....Year

Full name of the student	Mr./Miss/Mrs.	
देवनागरीमा	श्री / सुश्री / श्रीमती	

Date of birth according to the S.L.C. or equiva-	Year	Month	Day

Nationality ..... Religion .....

Father's Name :

Mailing Address : (Town/Village) ..... Ward No. .....

T.U Res.No .....

Examination Passed :–

Examination	Board or University	Year	Mark In %	Symbol No.	Division
S.L.C.					
Intermediate					
Bachelor					
Others					

I declare that the particulars given above are correct. If found false, action to be taken against me by the authority shall be acceptable.

.....
Full signature of parent/guardian
Date:

.....
Full signature of applicant
Date:

TO BE FILLED BY THE COLLEGE OFFICE :

This application is accepted by this college only after checking the Original Certificates and Mark Sheets obtained from the Student. I certify that the documents produced by the student have been properly verified and the particulars furnished are correct to the best of my knowledge.

.....
Checked by
Date :

.....
College Chief
Date :