



Admission Enquiry Form

STUDENT DETAILS				
Name*:	Study Center/Branch Opted*:			
Date of birth* (dd/mm/yyyy):				
Course opted*:				
Gender*:				
Education*:	School <input type="checkbox"/>	Graduation <input type="checkbox"/>	Post Graduation <input type="checkbox"/>	Others(10+2 Passed) <input type="checkbox"/>
Current/Last school/College name*:				
Current/Last school/College address*:				
Current/Last school/College Year/Grade/Percentage*:				
Possible start date*:				
Contact details*:				
CONTACT DETAILS OF PARENTS				
Name*:				
Relationship to student*:				
Phone*:				
E-mail*:				
Employer:				
FEES DECIDED BY THE AUTHORITY (Fees will be decided by the authority and management and superiors)				
WHERE DID YOU HEAR ABOUT US?* (e.g. website, internet search, word of mouth , etc.)				

* required fields

SIGNATURE OF BRANCH MANAGER WITH DATE(AFTER VERIFICATION):

SIGNATURE OF ADMISSION OFFICER WITH DATE(AFTER VERIFICATION):

Please send snapshot of complete application to WHASTAPP group “Branch Report Group”
prisminstitutekatni@gmail.com/rishabhyouthfoundation@gmail.com

For any details please visit: www.prisminstitutekatni.co.in mail at prisminstitutekatni@gmail.com rishabhyouthfoundation@gmail.com