

FORM NO.
To be filled in BLOCK letters

FOR OFFICE USE ONLY
Receipt No.....
Unique Code.....
Signature.....



75, Sant Nagar, East of Kailash, New Delhi – 110065,
Ph. 9999913395, 9871516509, 011-46527472
Email Id. theartexpressions@gmail.com, Website: www.theartexpressions.com

Affix passport size photograph

ADMISSIONS FORM

To,
Managing Director,
The Art Expressions

I want to take admission in your Institute. I have read the rule & regulations of the Institute given in the prospectus & promise to abide by them. My particulars are given below:

Name of Applicant

Date of Birth / / Male Female Nationality

Permanent Address
 Pin

Local Address
 Pin

Mobile No. STD Code Tel. No.

Educational Qualification

Email ID

Particulats	Father	Mother
Name
Occupation
Residential Address
Official Address
Phone No.	(R).....(O).....	(R).....(O).....
Signature

I hereby declare that all the information have been given in this form by me are true.
Yours faithfully

- Attach the copy of:-
1. Proof of above mentioned educational qualification
2. Date of Birth Proof
3. Residence Proof

SIGNATURE OF APPLICANT
DATE

NOTE: If ant information furnished by the candidates id found to be incorrect, his/her admission is liable to be cancelled.

FOR OFFICE USE ONLY

Form No Unique Code.....Bach.....
Name.....
Address.....
.....
Signature of Receiver

Affix passport size photograph