CAREER POINT INSTITUE OF SKILLS DEVELOPMENT

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Dated: _____

Student Name: _____

PHOTO

Father Name: _____

Date of Birth: _____ **Nationality:** _____

Address: _____

Education: _____ **Profession:** _____

Contact No: _____ **Duration:** _____

ADMISSION IN COURSE: _____

Class Timing: Morning: _____ **Evening:** _____

STUDENT SIGNATURE: _____

FOR OFFICE USE ONLY

Starting Date: _____ **Admission Fee:** _____

Completion Date: _____ **Received Fee:** _____

Remaining Fee: _____

FEE RECEIVED.	NEXT FEE. DATE	REMARKS

Receipt No. _____

ADMISSION FORM