



A-ONE COMPUTER CENTRE

ISO 9001:2015 CERTIFIED INSTITUTE
OLD COURT ROAD, STREET DR. M.M SINGH HOSPITAL FAZILKA
M. 97792-21988, 99141-21988



Admission Form

Note : Fill the boxes with **CAPITAL LETTERS** only

Name of the Candidate : First Name

Last Name

Name of the Course: CoursesDuration: Class Time:

Enrollment No: Down Payment : Monthly Instalment :

Total Course Fees : Date of Birth : Gender : Male Female

Father's/ Guardian's Name:

Mother's Name:

Parent's / Guardian's Occupation: (Father)

(Mother)

Correspondence Address :

City: State: Pin Code:

Phone (R) Phone (O)

Moblie (Parent): Mobile (Student):

E-mail (Student):

Please Fill the appropriate Block

I HAVE COMPLETED

11th or less
 12th
 1st year
 2nd year
 3rd year
 Graduation
 Post Graduation
 Others

DISCIPLINE

Art
 Commerce
 Science
 Computer Science
 Engineering
 Law
 Medical
 Others

I HAVE SCORED

Class12th% Age

40 or less
 40 to 50
 51 to 60
 61 to 70
 71 to 80
 81 to more
 Graduation % Age

I AM CURRENTLY

11th or less
 12th
 1st year
 2nd year
 3rd year
 Graduation
 Post Graduation
 Others

How did you come to know about Softline Institute ?

Newspaper
 Website
 Friends/Relatives
 Teachers
 Marketing Team
 Social Media

Place:

Admission Date:

D D M M Y Y Y Y

(Signature of Student)

DECLARATION

This is to certify that information provided in the Registration Form is correct best of my knowledge.

(Signature of the Parent/Guradian)

(Signature of the President)