

**Niti Aayog Govt. of India (Regd. No. UP/2019/0240148)**  
**(AN ISO 9001-2015 Certified Institution)**  
**All India Working Organisation**



**Dr. APJ Abdul Kalam Group of Educational**

**National Office** : Plot No. 1204, 3rd Floor, Vasundhara, Ghaziabad-201014 (U.P.)  
**Mob** : +91 7078 035 772, +91 9758 548 860, +91 8273 503 252.  
**Regional Office** : E-304, Mananiya Shree Kashiram ji Nagar, MDA, Moradabad-244001 (U.P.)  
**Mob** : +91 9758 548 860, +91 8439 235 772, +91 7417 214 097.

(Regd. No. 242/2019 Govt. of U.P.)

[www.drapjabdulkalam.com](http://www.drapjabdulkalam.com), [Info@drapjabdulkalam.com](mailto:Info@drapjabdulkalam.com), [drapjbdulkalam2004@gmail.com](mailto:drapjbdulkalam2004@gmail.com)

**REGISTRATION FORM**

APPLIED FOR COURSE NAME \_\_\_\_\_ SEM/YEAR  
SESSION \_\_\_\_\_ ENROLLMENT NO \_\_\_\_\_ ROLL NO. \_\_\_\_\_

1. Student Name : \_\_\_\_\_  
(In Block Letters)

2. Father's Name : \_\_\_\_\_  
(In Block Letters)

3. Postel Address : \_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_ Email \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Mob. \_\_\_\_\_

5. Name of Study Centre \_\_\_\_\_

6. Attach Qualification's Details & Enclose : Attested Copies \_\_\_\_\_

Name of Exam Passed	Name of University / Board	Roll No.	Year	Subject	Grand Total
High School / Matric					
Inter (10+2)					
Graduation					
Other					

7. I declare that the mentioned details are totally Correct in any knowledge. Please allow me to appear in examination.

(Singnature of Student in Full)

Date : \_\_\_\_\_

Institution Seal

Singnature of Centre Head

INCOMPLETE FORM WILL BE REJECTED WITHOUT ANY NOTICE

## GENERAL RULES ...

1. The Students are required to attend classes regularly.
2. Late comers will not be allowed in the class.
3. Students will have maintain the discipline of the Institution and type of misconduct will not be tolerated. Guardians can be called can at any time regarding the misconduct of their ward.
4. Fee once paid shall not be refunded.
5. Students shall not be allowed to go out of the Institution premises during study hours.
6. Fee will be paid before the Starting of semester.
7. Fee of the Students must be paid to Institute of “ Dr. A.P.J. Abdul Kalam Group of Educational” only.
8. Dr. A.P.J. Abdul Kalam Group of Educational works for Self Employment only.
9. Nursing Courses is conducting by “Dr. A.P.J. Abdul Kalam Group of Educational”.
10. In case of Dispute Moradabad Court will be the jurisdiction only.

मैंने उपरोक्त नियम पढ़ लिये हैं, व अच्छी तरह समझ लिये हैं, तथा उन नियमों का पूर्ण रूपेण करूँगा/करूँगी।

Sign. of the Student.

### DECLARATION

I .....hereby declare that all that the information given by me is completely correct to the best of my knowledge, In case of finding any mistake, wrong information, or forge documents given by me.....Head office is free to take any strict step against me and legal procedure may be applied on me. I have read the from carefully and ready to study the prescribed course under certain rules and regulations.

Sign. of the Student.

Sign. of the Parents/Guardian

.....  
Sign. & Seal of Center Head

Date: .....