

**11. Educational Qualifications: -**

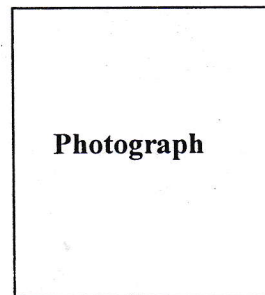
<b>Name of Examination (s) Passed</b>	<b>Year of Passing</b>	<b>Name of Examination Board / University</b>
1.		
2.		
3.		
4.		

**DECLARATION**

I declare that the particulars given above are correct. I hereby promise to abide by the rules and regulations of the institute and orders of the authorities.

Place.....

Date .....



Signature of Candidate

I .....hereby undertake responsibility for the good conduct of my ward and payment of all dues in time to the institute during the course of the study.

Place .....

Date .....

Signature of the Guardian

Name.....

**Principal  
FATRI**

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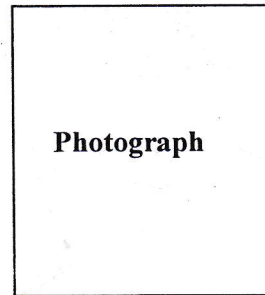
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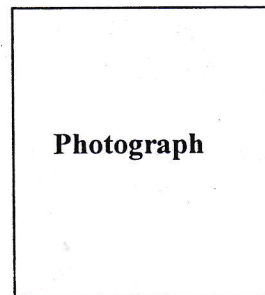
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