# 11. Educational Qualifications: -

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

## DECLARATION

DECLARATIO	/ <u> </u>  \			
I declare that the particulars given above are correct. I regulations of the institute and orders of the authorities.	hereby promise to abide by the rules and			
regulations of the institute and orders of the authornes.				
Place	Photograph			
Date				
	Signature of Candidate			
	Digitator of Canadate			
Ihereby 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	Signature of the Guardian			
Date	Name			

Principal FATRI

# 11. Educational Qualifications: -

Name of Examination (s) Passed	Year of Passing	Name of Examination Board / University
1. 2.		
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Place	Sią	gnature of the Guardi	an
Date	Na	ıme	

Principal **FATRI** 

# 11. Educational Qualifications: -

Name of Examination (s) Passed	Year of Passing	Name of Examination Board / University
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## DECLARATION

DECLARATIO	11			
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.				
	Photograph			
Place	r notograph			
Date				
	Signature of Candidate			
Ihereby	undertake responsibility for the good			
conduct of my ward and payment of all dues in time to the instit	tute during the course of the study.			
Place	Signature of the Guardian			
Date	Name			

Principal FATRI