Application No.

Affix your passport size photograph here



Affiliated to Aryabhatt Knowledge University (A.K.U.), Mithapur, Patna

College Office: North Lane, Pillar No 58, Raja Bazar Bridge, Opp. Sai Mandir, Seikhpura, Patna-14
College Add: Gola Road, Gyan Jyoti Lane, Opp. St. Karen's School, Patna-801503
Contact: +91-9708177777, 7250376736, 7750072900 | www.gfhs.co.in | info@gfhs.co.in

Application for Admission

Full Name of the Applicant (in block letters)
► Program applied for
► Institution applied for
► Percentage of marks obtained at the Qualifying Examination
► Nationality
▶ Religion
▶ Date of Birth: DD
Permanent Address of Applicant Address for Correspondence of Applicant
▶ e-mail
► Contact Number Whatsapp Number
Parent / Guardian Information
Name of the Parent / Guardian
▲Occupation of Parent / Guardian
▶Office Address of the Parent
▶e-mail
▲ Contact Number Whatsapp Number

Academic Backgrou	und						
Latest qualify- ing Examination passed / year	Name of Board or University	Name of the College Studied	Subjects Studied	Max Marks	Total Marks Scored	%	
	. –			I		I	
Languages studi	0 0						
	Second Langu	lage [
Additional Info							
Local Address	of Applicant						
	1						
L————————————————————————————————————	nbers						
·							
Category							
▶ Whether the ca	ndidate belongs to	SC/ST/EBC/EWS/	PH Yes	No (Enclose copy o	f certificate if ye	
►Whether the ca	ndidate is NRI/Fore	eign National	Yes	No (Enclose Passpo	ort copy if Yes)	
Declarations							
▶ Declaration by	the candidate						
I declare that the ab	pove information is	true and correct to	the best of n	ny knowle	dge and be	elief.	
Place							
Date	Signature of the Candidate						
■ Declaration by a I hereby declare that the costs and I under in force & which material paid to the College for any reason. I all Place	at I have known the ertake to pay the tu ny be framed from t for admission will b	financial obligation ition and other fees ime to time by the loe forfeited in case	s payable to Management of his / her d	the Colleg i. I am aw iscontinua	je under th vare that th ation of the	e rules e fee	
Date			Signature of the Parent / Guardian				
		OR OFFICE USE O					
1. Student ID No. : .							
2. Name of the Cour							