



OMS POWER TRAINING AND RESEARCH INSTITUTE

We train to empower you

Form no.;

APPLICATION FORM

Date:

Full Name:

Father's Name:

D.O.B.: DD/MM/YY

Gender: Male: Female:

Relation:

Emergency Contact Name:

Address for Correspondence (BLOCK CAPITALS) with contact no

.....
.....
.....
.....

Permanent Address (BLOCK CAPITALS) with contact no

.....
.....
.....

Programme for which you wish to apply. : Programme Code

Why you want to apply for this programme?

Educational qualification

Name of the Examination	School/College	Board/University	Branch	%Score	Year of Passing

Enquiry Source - how did you hear about our Institute? ()

Friend: Web: News Paper: SMS: Leaflet: Others:

Registration fee payment: DD/Cash.

If DD: D.D. No....., Date:....., Bank:.....

Declaration

I declare that the statements made by me on this form are, to the best of my knowledge and belief, true and correct. Enclose D.D.No/Date/Amount/Bank.

Date:

Student signature: