

RAME OF APPLICANT GENDER NAME OF FATHER OR HUSBAND NAME OF MOTHER RESIDENCE ADDRESS DATE OF BIRTH AS PER LEAVING CERTIFICATE QUOTA / GENERAL BODY TYPE HEIGHT WEIGHT CHEST (MALE)/ BREAST (FEMALE) WAIST BICEPES THIGH CALF	ADMISSION FORM	
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	SELF DECLARATION	

I HEREBY DECLARE THAT ALL ABOVE PROVIDED INFORMATION IS TRUE TO MY KNOWLEDGE, IF ANY PHYSICAL OR MORAL INJURY OCCURS

OR PROBLEM ARISES WITH RESPECT TO M DURING TRAINING PERIOD, I WILL BE RESPONSIBLE FOR THE SAME.

CANDIDATE SIGNATURE

PARENTS SIGNATURE
(IN CASE OF MINORS)

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