



# DIAGONAL EDUCATION INSTITUTE

( Approved by Government of India )

No 11, II Floor, Arasu towers, Karur Bye-pass Road, Kalaingar Arivalayam Backside,  
Tiruchirapalli – 620 002.

Mobile : +91 90471 66630

+91 90471 66640

## APPLICATION FORM

Admission No : \_\_\_\_\_

Date : \_\_\_\_\_

1 . Student's Name : \_\_\_\_\_

2. Father's Name : \_\_\_\_\_

3. Date Of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male / Female

4. Educational Qualification : \_\_\_\_\_

5. Religion : \_\_\_\_\_ Community: \_\_\_\_\_ Gen/OBC/DNC/SC/ST

6. Languages Known : \_\_\_\_\_

7. Courses to be Applied for : \_\_\_\_\_

8. Contact Address : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Mobile : \_\_\_\_\_ Mail id : \_\_\_\_\_

## DECLARATION

I hereby declare that the above given particulars are true to best of my knowledge and if any wrong I will be responsible by all means to clear it, otherwise I maybe charged any legal action. Also I know that whether I classes or not, my paid fees will not be refunded me or transferred anymore.

Date : \_\_\_\_\_ Parent's Signature : \_\_\_\_\_ Student's Signature : \_\_\_\_\_

## FOR OFFICE PURPOSE

Student's Name : \_\_\_\_\_ Father's Name : \_\_\_\_\_

Mobile : \_\_\_\_\_ Course Selected : \_\_\_\_\_ Year : \_\_\_\_\_

Comments : \_\_\_\_\_

Date : \_\_\_\_\_ Admin: \_\_\_\_\_ Joint Director : \_\_\_\_\_

Passport size  
photo