



ISO 9001:2008 CERTIFIED

# eVENTURE®

GROUP OF SOCIETY  
INSTITUTE FOR IT & PROFESSIONAL STUDIES



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From No.

## ADMISSION FORM

1. Candidate's Name (as in School Certificate)

2. Father's / Guardian's Name

Guardian's Phone Number

3. Permanent Address for Correspondence

District

State

Pin Code

STD Code

Phone / Mobile Number

4. Gender

 M  F

5. Category

 Gen  OBC  SC  ST  Other

6. Religion

Paste Recent  
Passport Size  
Colour Photograph

7. Nationality

8. Blood Group

9. Date of Birth

10. Qualification

 10th  10+2  Degree  P.G.

11. Course Applied for

12. Stream

13. Percentage

 %

I hereby declare that the information provided by me is true.

Date : .....

\_\_\_\_\_  
*Candidate's Signature*

**Please Contact the Management for your Study Materials**

### FOR OFFICE USE ONLY

Registration No.

Centre

Batch Timing

Date

\_\_\_\_\_  
*Seal & Signature*