

Admission No.

Receipt No.

House

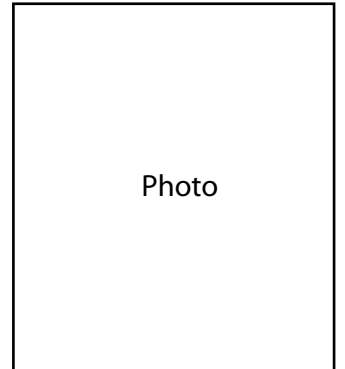
PERSONALITY DEVELOPMENT COURSE - 2008

Venue: Chandrashekhar Agashe College of Physical Education
Savarkar Nagar, Pune 411 037

ADMISSION FORM

**Respected Director,
Personality Development Course,**

Please enroll my name for the Course



APPLICANT PARTICULARS

1. Full Name Mr / Ms _____

2. Full Name of Parents / Guardian _____

3. Complete Address _____

4. Occupation of Parents / Guardian _____

5. Office Address of Parents / Guardian _____

Residence Telephone _____ Office Telephone _____

6. Birth Date _____ Weight (kg) _____

Height (cm) _____ T-Shirt Size (cm) _____

7. School Name _____

8. Draft Number _____ Draft Date _____ Bank _____

9. Excellence in Sports _____

Date _____

Applicant's Signature _____

Mr / Ms _____ is a student of Class _____

(Signature & Stamp of Principal)

Admission Granted / Not Granted

*Fees are payable by a Bank Draft in the name of
'Maharastriya Mandal, Tilak Road, Pune-30'.*

**Director,
Personality Development Course**

Photocopy of Application may be used if required

UNDERTAKING BY PARENTS / GUARDIAN OF THE STUDENT

I / We undertake the responsibility of my / our ward in the event of he / she sustaining any harm or injury while undergoing the Course. I / We further undertake not to hold the College responsible for any acts of unintentional negligence by any of the employees of the College which result in such harm or injury to my / our ward during the tenure of the Course. We would also reimburse the College all such expenses, medical or otherwise, incurred by it for the immediate treatment etc. of the student and undertake not to proceed with legal action against the College if such an event is to take place.

Name of Parents / Guardian _____

Signature of Parents / Guardian _____

Full name and address of relatives / acquaintances in Pune
