



The Ganu Institute of Art & Technology

Affiliated by Sarbabharatiya Sangeet-O-Sanskriti Parishad
email: info.theganuinstitute@gmail.com Contact: 9883433454
Website: www.theganuinstitute.in

ADMISSION FORM

Admission No.: _____

Date: ____ / ____ / ____

Student Information:

Student's Name: _____

Date of Birth: ____ / ____ / ____

Age: _____

Gender: ☐ Male ☐ Female ☐ Other

School Name: _____

Class: _____

Photo

Parent / Guardian Details:

Father's Name: _____

Mother's Name: _____

Parent/Guardian Name (if applicable): _____

Mobile Number: _____

Email (Optional): _____

Address _____

District: _____ PIN Code: _____

Course Details:

Basic Drawing Course: ☐

Computer Course: ☐

Declaration

I hereby declare that the information provided above is true and correct. I agree to follow all the rules and regulations of The Ganu Institute of Art & Technology.

Parent/Guardian Signature: _____

Student Signature: _____

Office Use Only

Course: _____

Monthly Fee: ₹ _____

Admission Fee: ₹ _____

Receipt No.: _____

Authorized Signature & Seal