# MAHATMA GANDHI INSTITUTE

Tel 403 2000 – Fax 433 2235

# **APPLICATION FORM**

### **COURSE IN SANSKRIT SOPANA -I**

#### **INTAKE 2025**

Surname (Block letters) Mr/Mrs/Miss
Other Names (Block letters)
Maiden Name (if applicable)
Date of Birth Age Sex
Address
Nationality (if naturalised, give number & date of certificate)
Married/SingleTel. No (Res)
(Office)
(Mobile)
Fax No
E-Mail
OccupationPlace of work & address
Class attending (if student)
Name & Address of school
Name and address of Guardian (if under 18 years)

# 12. Academic Qualifications

Registration fee Rs.125/-Course fee per annum Rs.500/-

Subject C		S.C/G.C.E 'O' Level		H.S.C/G.C.E 'A' Level		
	Grade	Subject	Grade	Su	bject	Grade
				Pı	rincipal Lev	el
				Su	bsidiary Level	
ed or failed		S.C Result	• • • • • • •	H.S.C F	Result	
		ollowing at the Maha	atma Ga	ndhi Insti	tute or othe	r Instituti
Other Qualificat  Other courses you  Institution		Course		Year	Year in w	hich course
Other courses you					Year in w	
Other courses you		Course		Year	Year in w	hich course
Institution  MGI	ou are f	Course		Year	Year in w	hich course
Other courses yo	ou are fo	Course	ime)	Year	Year in w	hich course completed

.....

*Receipt No:* .....

.....