

SSDN



**WORLD'S LARGEST APPAREL, KNITWEAR & LEATHER TRAINING COLLEGE  
AFFILIATED TO BANGALORE UNIVERSITY, RECOGNISED BY GOVT. OF KARNATAKA**

Kaikondanahalli, Sarjapur Road, Near Bellandur Gate, Carmelram Post, Bangalore 560 035. India.

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## ADMISSION FORM

NO

Date :

|  |                                  |                                     |
|--|----------------------------------|-------------------------------------|
| CANDIDATE NAME (Block Letters) :   |                                  | <b>PASSPORT SIZE<br/>PHOTOGRAPH</b> |
| FATHER / HUSBAND'S NAME :  |                                  |                                     |
| DATE OF BIRTH AS ENTERED IN 10TH STANDARD:   |                                  |                                     |
| PERMANENT ADDRESS :  | POSTAL ADDRESS                   |                                     |
| PH NO. :   | E-MAIL :                         |                                     |
| SPONSORED BY<br>COMPANY'S NAME AND<br>ADDRESS WITH SEAL                                    |                                  |                                     |
| RELIGION   | CASTE : GEN./SC./ST./OBC         | NATIONALITY                         |
| ACADEMIC QUALIFICATION<br>(Original Certificate to be submitted)                           | TECHNICAL QUALIFICATION IF ANY : |                                     |
| COURSE APPLIED FOR :   |                                  |                                     |
| HOSTEL FACILITY (Accommodation only)   | : Required / Not Required        |                                     |
| FEE REMITTANCE DETAILS   | : CASH / DD / CHEQUE NO.         | Rs.      Date                       |
| HOSTEL FEES  | : CASH / DD / CHEQUE NO.         | Rs.      Date                       |
| (FEE ONCE PAID WILL NOT BE REFUNDED)   |                                  |                                     |
| I HAVE READ AND UNDERSTOOD THE CONTENTS APPEARING ON BOTH THE SIDES OF THIS ADMISSION FORM |                                  |                                     |
| DATE   | SIGNATURE OF THE APPLICANT       |                                     |
| <b>FOR OFFICE USE ONLY</b>   |                                  |                                     |
| ADMITTED ON :  | ADMISSION NO.                    |                                     |
| COURSE NAME :  | COURSE NO.                       |                                     |
|  | FROM                             | TO:                                 |
| RECEIPT No.<br>& DATE & AMOUNT :   |                                  |                                     |
| _____<br>CHECKED BY  | _____<br>PRINCIPAL               |                                     |