



QFL

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ACHIEVING EXCELLENCE

An Institute of Science & Commerce

Contact No. : 9956243999, 9026421331, 0522-6888666

ADMISSION FORM

STUDENT'S NAME :

CLASS :

SCHOOL : BOARD :

DATE OF BIRTH : GENDER(M/F) :

SUBJECTS OPTED :

BLOOD GROUP :

FATHER'S NAME :

ORGANISATION : OCCUPATION :

MOTHER'S NAME :

ORGANISATION : OCCUPATION :

CONTACT NO. :

PARENT/GUARDIAN : STUDENT :

ADDRESS :

YOUR EXPECTATIONS FROM THE INSTITUTE :

First Impression about the institute :

Reason :

Your Suggestion about the institute :

DECLARATION STUDENT

I Will abide by the rules and regulations of the institution.

I Shall attend all the classes and tests conducted by the institution without any fail.

Student's signature

Parent

I Am responsible for the payment of fees. I will take interest in enquiring about the activities of my ward. I will immediately respond to any communication made by the institution.

Parent/Guardian Signature