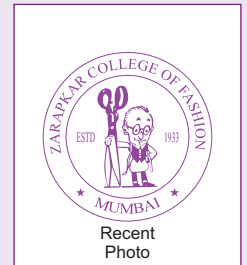


Zarapkar College of Fashion

Senapati Bapat Marg, Dadar (w), Mumbai - 400 028.

Admission form



Registration No. - -

Date of Enrollment : ^{Day} - ^{Month} - ^{Year}

To be completed by a student. Please use a pen, write neatly in English using "BLOCK LETTERS"

1 Your full Name (write family name first)

2 Your residential address in Mumbai

 Pin code

3 Permanent Address (If not living permanently in Mumbai)

 Pin code

4 Date of Birth ^{Day} - ^{Month} - ^{Year}

5 Telephone No.

6 Mobile No.

7 E-mail

8 Educational Qualifications

Exam.	Year	Board / University	Marks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9 Work Experience No Yes Give details below

Name of Organizations	Period	Job Title	Responsibility
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10 Other Technical Qualifications

Information in this columns is not compulsory for self a Guardian

11 Father's Husband's Guardian's

a) Name

b) Profession

c) Office Address

d) Phone

e) Mobile No.

f) If in Business or Service, mention the address

g) If in field fashion design, give brief details

I / We have read the Rules & Regulations of the College and solemnly agree to abide by them. I / We understand that the fees once paid will not be refunded under any circumstances.

Signature of the Parent / Guardian

Name of the Parent / Guardian

Relation with the Student

Signature of the Student

Date : ^{Day} - ^{Month} - ^{Year}

(For Office use only)

Reg. No. : _____ Course : _____ Batches : _____

Date of Adm. : _____ Last Date : _____ Card : _____

Remarks : _____