

CREATIVE TECHNO COLLEGE

BALUAKATA, ANGUL, ODISHA-759132

RE-ADMISSION FORM

Year of Admission	Course Title	Semester

1. NAME OF THE STUDENT (As per Board Certificate):

2. E-mail ID:

3. Mob No : _____ WhatsApp No : _____

4. Father's Name : _____ Mob No : _____

5. Mother's Name : _____ Mob No : _____

6. Present Address : _____

_____ PIN: _____

7. COURSE DETAILS

a. Paper-1 _____

b. Paper-2 _____

c. Paper-3 _____

d. Paper-4 _____

e. Paper-5 _____

8. PAYMENT DETAILS :-

Mode of Payment	Amount	Cheque/Transaction No
CASH		
CHEQUE		
CARD		

DECLARATION BY THE STUDENT

I hereby declare that all particulars stated by me in this application are true to the best of my knowledge. I am aware that the fees once paid will not be returned.

Date: _____

(STUDENT SIGNATURE)