



USB ACADEMY

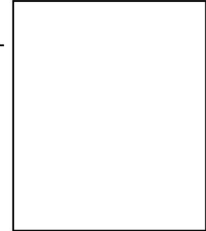
MANAGED BY USB EDUCATIONAL FOUNDATION TRUST

Contact Us: 7520136347, 7004860355

Admission Form

Reg. No. _____

Adm. No. _____



Student Name: _____

Father's Name: _____

Class _____ School/College Name _____

Name of Course: _____ Duration of Course: _____

Date of Birth: _____ Gender: Male / Female

Temporary Address

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Permanent Address

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Aadhaar no.

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E-mail _____

Mob. No. _____

Date: _____

The statements and information furnished by the undersigned in this application form are true and complete.

*The undersigned applicant give permission for representatives of the sending center to release the applicant's records including, diploma, letter of recommendation and pathways membership document (enrollment application) as well as any other pertinent information that may be required by the **USB Academy** for the purpose of admission.*

Sign of student _____

To be filled by office

Reg. No. _____

Adm. No. _____

Students Name: _____

Father's Name: _____

Date: _____