



Govt. Registration No. 1/IV-9

गुरुकुल शिक्षा मण्डल उत्तर प्रदेश

Gurukul Shiksha Mandal Uttar Pradesh

Reg. By MSME ,NITI AAYOG ,NCT DELHI

(APPLICATION FORM FOR STUDY/GUIDANCE CENTRE)

To,
The Registrar
Gurukul Shiksha Mandal , Uttar Pradesh

Affix
Photo here

Sir,

Please allow me/us a Study/Guidance centre for Programme.

I/We assure to abide with all the rules, regulations and amendments there in from time to time, decision and directions from the Board and Registrar.

The required information is given below:

1. Name of the applicant
(In Block Letters)
2. Father's/ Husband's Name
3. Date of Birth
4. Permanent Address
5. Present Address
6. Academic Qualification
8. Medical Qualification
9. Registration No
10. Aadhar No Post Office..... Pin Code No:.....
Phone No. Mobile No. E-mail

I do hereby declare that the statement given above is true, correct and to the best of my knowledge.

Place

Date

Signature & proper seal of applicant, if any

FOR OFFICE USE ONLY

Rcpt. No..... Date..... Centre No: Issuing Date

Signature of issuing Authority