



# BSAP

## INSTITUTE OF TECHNOLOGY

(AN ISO 9001-2000 CERTIFIED INSTITUTE)

BSAP Building old Income Tax Compound, Near K. R. Girls Degree College, Mathura, Tel. : 0565-6452584, 2400145

### REGISTRATION FORM

Name of the Candidate in Full (Block Letters)

First Name

Middle Name

Last Name

Name of Father in Full (Block Letters)

Permanent Address :

 City :  State :  PIN :  Telephone No. (With STD code)  Mobile No. 

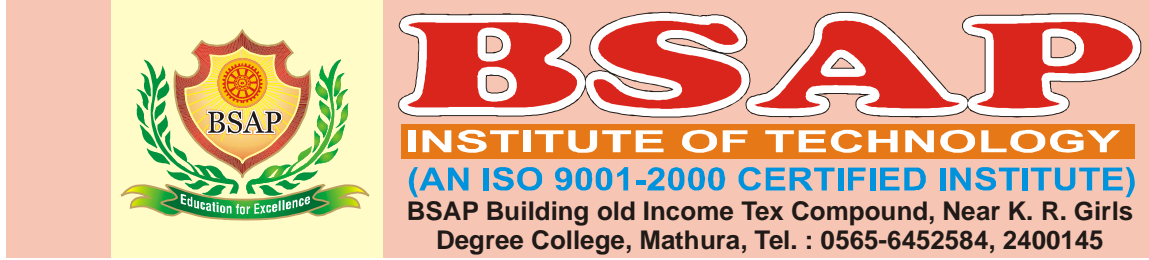
Correspondence Address : (if different from above)

 City :  State :  PIN :  Telephone No. (With STD code)  Mobile No.  Nationality :  Marital Status : Married  Single  Sex : Male  Female  Date of Birth : dd  mm  yy  Category : Gen/SC/ST/OBC/Phy.Hnd. 

Academic Qualification :

Name of Exam	Board/University	Year	Subject	% age
High School/ Secondary				
Intermediate/ Sr. Secondary				
Graduation Specify				

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Signature of student



To,  
The Director  
Baba Saheb Ambedkar  
Polytechnic Mathura

Subject : Undertaking of Fee

Respected Sir,

I.....S/O.....have taken admission at BSAP Mathura in.....Course. I am Making a part payment of Rs..... In words.....as registration fee. I hereby undertake that I will pay the balance fee of Rs.....in each semester. If I fail to pay the balance fee till the due date, My candidate may be considered null and void I shall not claim any refund of fee deposited by me.

In case of leaving BSAP by me, the institute will not refund any fee.

In case of my suspension, the institute will not refund any fee.

I am fully aware of all norms and required minimum eligibility including the fee for seeking admission in me said above course.

Thanking you  
Your Sincerely

Signature of Father/Mother

Signature of the Students