ARUNACHAL SPORTS ACADEMY &

Research Training Centre, Ziro

Lower Subansiri District
Arunachal Pradesh; 791120
Regd. No.:39/11021(11)/11/2021

HOSTEL ADMISSION FORM

To,
The Principal
ASARTC, Ziro
Lower Subansiri District
Arunachal Pradesh

Passport Photo

1. Name of the applicant (in Block Letter) Mr/Miss:
2. Class:
3. Father's Name:
4. Mother's Name:
5. Date of Birth:
6. Category: ST SC OBC GEN
7. Blood Group (in words):
8. Nationality:
9. Religion:
10. Email ID:
11. Mobile No.:

12. Address of Correspondence (in Block Letter):

13. Permanent Address:

Student's Declaration:

I, do hereby declare that the information furnished by me is correct to the best of my knowledge and belief. I further declare that anything happens to me or any kind of mishaps occurs outside/inside of the hostel due to my negligence/fault, the hostel authority will not be held responsible for that.

Signature of the student:

For Office Use Only

Admission No. _____

Date of Admission in Hostel: _____ Room Allotted: _____

Principal