



DECIBEL

INSTITUTE OF ELECTRONICS

Tiruchirappalli - 620 002.

Phone : 0431-2707711, Cell : 99942 00100

E-mail:decibel.trichy@gmail.com, www.decibeltrichy.com

Application Form For Admission

Name of Course : _____

Date	Batch Time	Duration

Name of applicant Mr. / Mrs. / Miss. :
(Name in Black Letters)

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Name and Occupation of
Parents / Guardian :

Date of Birth :

D	D	M	M	Y	E	A	R

Age :

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Mother Tongue :

Sex :

Male	Female

Religion :

Nationality :

Qualification :

Technical Qualification :

Additional Working Experience :

Mention if Applicant is

Senior Citizen	Physically Handicapt	Ex. Serviceman

Permanent Address for
Communication :

Pin Code

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Contact no : DOT : _____ Cell : _____

E-Mail ID :

Passport No. :

Accommodation :

Yes	No
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 Male / Female

Reason for Joining the Course :

Reference through :

Friend	Paper	Media	Poster	Other

Details of Documents Enclosed :

Note :

1. Liability of institute in the event of a particular lecture being cancelled due to reasons beyond its control is limited to rescheduling the cancelled lecture.
2. Institution reserves the rights of dismiss at any time a student whose conduct is considered unsatisfactory.
3. Institution Reserve the rights of syllabus and duration for a particular course as per its Design.
4. No fees will be refund if a student for any reason discontinue.
5. Institute reserve the rights to dismiss at any time student who has furnished wrong information.
6. For any reason failure to meet financial obligations may also lead to dismissal of a student from a course. No fees will be refunded if a student is dismissed.
7. In all matters concerning the conduct of course the decision of institution Shall be final and binding on all course participants.

Date :

Signature

Office use only :

Details of Payment

Instalment	DD No/Cash	Bank Drawn	Receipt No.	Date

Application No : _____ Date : _____ Amount Rs. _____

Chairman