

Form No:



# COLLEGE OF FIRE TECHNOLOGY

(Affiliated to the Gujarat University)  
Conducted by Champaben Bhagat Education Trust  
Add: 86, Village Khoda, Opp. Sanand Viramgam Highway Road,  
Sanand, District - Ahmedabad.

## BACHELOR OF SCIENCE

### APPLICATION FOR ADMISSION

1. Full Name of the Applicant

2. Father's Name

3. Nationality

4. Date of Birth

5. Sex

 1=Male  
 2=Female

6. Birth Place

7. Caste / Sub Caste

8. Category

(a) Open / SC / ST / OBC

9. Complete Address for Correspondence (Do not repeat name)

State

Pin

STD Code

Telephone Number

E-mail

### Subjectwise marks at the HSC Examination :-

Month / Year of Passing :

Seat No:

Attempt:

Sr. No.	1	2	3	4	5	6	7
SUBJECT							
MARKS SECURED (INTERNAL EXAM)							
MARKS SECURED (EXTERNAL EXAM)							
TOTAL							

MARKS SECURED :

%

### RECEIPT

### COLLEGE OF FIRE TECHNOLOGY

Form No:

ADMISSION FORM OF \_\_\_\_\_ Received

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received by: \_\_\_\_\_

8. Parent's / Guardian's Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Total annual Income: \_\_\_\_\_

Address of Occupation: \_\_\_\_\_

Telephone (Residence): \_\_\_\_\_ (Office) : \_\_\_\_\_

9. Address For Correspondence: \_\_\_\_\_

### DECLARATION BY THE APPLICANT

I hereby declare that all the particulars stated in the application are true to the best of my knowledge and belief. I have read and understood all the provisions of the prospectus and agree to abide by them. In the event of suppression or distortion of any fact like educational qualification, nationality, study period etc., made in my application form, I understand that my admission is liable for cancellation.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature: \_\_\_\_\_

### ASSURANCE BY THE PARENT / GUARDIAN

I \_\_\_\_\_ father / mother / guardian of \_\_\_\_\_ declare that my son / daughter / ward will pursue his / her study diligently and sincerely. I assure you that I shall come to the institute whenever call to discuss the progress of my ward. I further assure that he / she will strictly adhere to the rules of the institute. I understand that my ward is covered under accidental insurance policy in case of injury. The college authorities shall not be responsible for any injury sustained by my ward during lawful training.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY