



Knowledge Partners



3rd eye knowledge foundation

Reg. No. E-24564 (Mum)



3rd Eye Knowledge Foundation

406/1 Dheeraj Sagar, Building No.1, Malad Link Road, Malad (West), Mumbai-400064, Indai.
Cell No- +91-8879489681, Email: raja@3ifoundation.org, Website: www.3ifoundation.org

ADMISSION FORM

CHOICE FOR THE COURSE :

For Office Use Only

Roll Number

Date

Remarks of the selection Committee

1.Received Application Form on.....

2.Selected for admission / Admission Granted on.....

Signature of the admission officer

Affix your
passport size
photograph and
attach four
extra
photographs

Name of the Applicant (IN CAPITAL LETTERS)

Father's Husband Name (IN CAPITAL LETTERS)

Address for Correspondence.....

Pin code.....

Phone (Office).....

Phone (Residence).....

Nationality

Date

Sex: Male / Female

Educational Qualifications

Examination	University / Board	Institution	Year	Division	% of marks

(Attach attested copies of graduation certificate / Marks- Sheet)

Details of Experience (If any).....

Detail of Fees Paid : Draft No.....

Dated.....

Drawn on.....

DECLARATION

I , hereby declare that the particulars mentioned above are true and correct to the best of my knowledge that I have fully read and understood the contents of the prospectus. I further declare that I am bound to obey the rules and regulations of the institute. I am fully aware of the nature, recognition & status of the Award and Diplomas for which I seek postal tuition through the institute, I promise to pay the prescribed tuition fees as given in the prospectus and I also understand that the tuition fees once paid by me is not refundable under any circumstances and disputes are subject to Mumbai legal jurisdiction.

Date

Place

Signature of the Applicant