ST. XAVIER'S COLLEGE, JAIPUR

Hathroi Fort Road, Jaipur - 302001

ENQUIRY FORM FOR ADMISSION

SESSION 2018-2019

1. Name of course in which admission is sought: **Post Graduate Diploma in**

2. Applicant's Name (in BLOCK letters)

3. Mother's Name (in BLOCK letters)

4. Father's Name (in BLOCK letters)

5. Date of Birth (D D M M Y Y) 6. Sex (M / F)

7. Address: _____

_____

8. Telephone No. with STD Code_____

9. Mobile No. (Student) Mobile No. (Parent)

10. Email ID (Student)

11. Detail of the Last Qualifying Examination

(i) Name of the University

(ii) Roll No. (iii) Year of Passing

(iv) Name of the College from which Bachelor (or equivalent) examination is passed

12. Percentage of Marks obtained in the qualifying examination . % (Blank if result awaited)

Signature of the Parent/ Guardian Signature of the Applicant

Kindly mail this form at stxavierscollegejpr@gmail.com