



WARRIORS DEFENCE INSTITUTE

REGISTRATION FORM

Paste passport
size photograph

BATCH

NAME

Date Of Birth

COURSE

Board

FATHER's NAME

Occupation

CONTACT NO.: +91 -

(Candidate)

+91 -

(Candidate's Guardian)

Email

Address

Permanent

Correspondence

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EDUCATIONAL QUALIFICATION

As per 12th

Physics Chemistry

Maths English

REFERENCE

Newspaper

Friends

Social Network

Internet

Walk In

Others

DECLARATION

I hereby declare that the above given information is true and best of my belief. I understand and will follow all the decision of the institution with regard to conduct good discipline and best training. I further declare that in the event of any information being found false or incorrect. My candidature/ course is liable to be rejected / terminated without notice.

NOTE: Fees is non refundable and non transferable

(Signature of candidates)