

Dr. K.N MODI UNIVERSITY



***All information to be filled in CAPITAL Letter**

S.No. _____(Leave Blank)

➤ Name of Student: _____ Date of Birth: (DD/MM/YEAR): _____

➤ Father's Name: _____ Mother's Name: _____

➤ Course: _____ Branch(if any) _____ Roll No. _____

➤ Enrollment No. _____ Year of Completion: _____

➤ Address: Permanent _____

_____ Pin Code : _____

➤ Correspondence _____

_____ Pin Code: _____

➤ Mobile No. _____ Email address: _____

➤ Details of employment :(if placed) (a)Name of organization with address: _____

➤ (b)Designation _____

➤ Details of Fee DD/NEFT No. _____

(Signature of the candidate)

***Bank Details :** The Demand Draft to be made in favour of " Dr.K.N MODI UNIVERSITY " Payble at NEWAI District-Tonk Rajasthan-304021-India

***NEFT Details :** Account No.:- 679901700111, RTGS/NEFT-IFSC Code:- ICIC0006799, MICR CODE:- 304229025
Name of Account Holder: - Dr. K.N. Modi University, Newai Branch:- ICICI Bank Ltd., Bada Bazar, Newai-304021
Distt. Tonk, Newai Rajasthan