

Roll No.

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AN ISO 9001: 2015 CERTIFIED  
(Regd. by Govt. of NCT, New Delhi)

## ADMISSION / EXAMINATION FORM

[illegible]

S. No.	Name Of Examination	Board / University	Year	Division

## NURSERY TEACHER TRAINING (N.T.T.)

8. Name of Course .....

1st Year		2nd Year	
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Please tick (✓) on required blank box

9. Name of Study Center .....

### DECLARATION BY THE APPLICANT

I Hereby declare that I have read and considered the conditions of eligibility for the above course, for which I seek admission. I fulfill the eligibility conditions and I have furnished above, the necessary information in this regard. In the event of any information bring found incorrect or misleading, my candidate shall be liable to cancellation at any time and I shall not be entitled to get refund of any fee paid by me. In the event of any dispute it shall be resoled through the mediation by the Chairman or a Committee constituted under the Constitution/Arbitration Act 1940 and its decision shall be binding on all concerned.

Dated : .....

**Signature of Centre Incharge**

Signature of Candidate

\* Photocopy not accepted