



**Samarth Education Foundation's
IKON COLLEGE OF
DISTANCE EDUCATION, SOLAPUR**

149/1A, Sudeep Complex, Ground Floor, Opp. Axis Bank,
Hotgi Road, Solapur.413003 (M.S.)

Student's
Photo

Reg.No.

ADMISSION FORM

Form No.

(To be filled in CAPITAL letters only)

Name of the Course:

Course Code:

Year / Sem:

Student's Name :

Father's/Guardian's Name :

Surname :

Gender: M / F

Date of Birth:

Blood Group:

Nationality:

Religion:

Address:

PIN:

District:

State:

Moblie
(Student)

Moblie
(Father/Guardian)

Academic Qualifications:

Exam	Name of School / College	Year of Passing	Board / University	Percentage
S.S.C.				
H.S.C.				
Diploma				

Declaration by the candidate:

I hereby declare that all the details furnished are correct to the best of my knowledge
If found incorrect institute may cancel my admission or may take necessary action.
I agree to abide the rules and regulation of this institution.

Parent's / Guardian's Sign.

Student's Sign

Place:

Date: