



GALAXY INSTITUTE OF TECHNOLOGIES

ENROLLMENT FORM

Affix recent
passport size
photo

Date: _____

Batch No. : _____

Date of Joining: _____

Name : _____

Fathers Name : _____

Address : _____

Contact Number : _____

Email Id : _____

Qualification : _____

Name of the Course : _____

Duration of the Course : _____

Are you working? Yes/No : _____

If Yes, Name of company in which you are working: _____

Student Signature

FOR OFFICIAL USE

Batch No. : _____

Date of Joining: _____

Course Fees: _____

Advance Fee Paid: _____

Balance Fee: _____

Bill Receipt No. : _____

Authorized Signature