# OMS POWER TRAINING AND RESEARCH INSTITUTE

We train to empower you



## **APPLICATION FORM**

## Personal Details (Please write clearly and in BLOCK CAPITALS)

Full Name;				
Father's Name:				
Gender: Male:	Female:	D.O.B.:		Day/Month/Year
Emergency Contact Name:			Relation	:
Address for Correspondence (Please write clearly and in BLOCK CAPITALS)				
Post/Zip code:			Alternate Phone:	
Telephone (Home Phone):			Email:	
Cell Phone:			Linaii.	
City:	State:		Country:	
Permanent Address (Please write clearly and in BLOCK CAPITALS)				
Permanent Address (F	Please write	clearly and	in BLOCK CAF	PITALS)
Permanent Address (F	Please write	clearly and	in BLOCK CAF	PITALS)
Permanent Address (F	Please write	clearly and	in BLOCK CAF	PITALS)
Permanent Address (F	Please write	clearly and	in BLOCK CAF	PITALS)
Permanent Address (F	Please write			PITALS)
	Please write		Alternate Phone:	PITALS)
Post/Zip code:	Please write			PITALS)
Post/Zip code: Telephone (Home Phone):	Please write		Alternate Phone:	PITALS)
Post/Zip code: Telephone (Home Phone): Cell Phone:			Alternate Phone: Email:	PITALS)
Post/Zip code: Telephone (Home Phone): Cell Phone: City:			Alternate Phone: Email:	PITALS)
Post/Zip code: Telephone (Home Phone): Cell Phone: City:  Work Contacts			Alternate Phone: Email: Country:	PITALS)

# 2

## **OMS POWER TRAINING AND RESEARCH INSTITUTE**

We train to empower you



Programme for which you wish to apply. Why you want to apply for this programme? **Educational qualifications Course Title** Institute/University **Year of Passing Branch** Marks (%) **Enquiry Source - how did you hear about our Institute?** Friend: Web: Agent: Flyer: Others: If Agent: Contact Person Name: **Submitting your application** I declare that the statements made by me on this form are, to the best of my knowledge and belief, true and correct. Enclose D.D.No/Date/Amount/Bank. Date: Student signature: FOR OFFICE USE ONLY – COMMENT BOX