

# ADMISSION FORM (Session: 2019-2020)

## LALA LAJPAT RAI GROUP OF INSTITUTES, MOGA(PUNJAB)- INDIA

### Course:

B. Tech (CSE)	<input type="checkbox"/>	B. Tech (IT)	<input type="checkbox"/>	B. Tech (ME)	<input type="checkbox"/>
B.Tech (CE)	<input type="checkbox"/>	B.Tech (CSE-Leet)	<input type="checkbox"/>	B.Tech (IT-Leet)	<input type="checkbox"/>
B.Tech (ME-Leet)	<input type="checkbox"/>	B.Tech (CE-Leet)	<input type="checkbox"/>	B.Pharmacy	<input type="checkbox"/>
B.Pharmacy (Leet)	<input type="checkbox"/>	B.Sc. MLS	<input type="checkbox"/>	B.Sc. (MLS-Leet)	<input type="checkbox"/>
B.Com	<input type="checkbox"/>	BBA	<input type="checkbox"/>	BCA	<input type="checkbox"/>
MBA	<input type="checkbox"/>	MCA	<input type="checkbox"/>	B.Sc. Agri (Hons.)	<input type="checkbox"/>
B.Sc. Agri (Hons)-Leet	<input type="checkbox"/>				

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Country: \_\_\_\_\_

Nationality: \_\_\_\_\_ State: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Nos. \_\_\_\_\_, \_\_\_\_\_

Identification Document: \_\_\_\_\_ Identification No. \_\_\_\_\_

### Guardian's Details

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email: \_\_\_\_\_ Contact No \_\_\_\_\_

Address: \_\_\_\_\_

Identification Document: \_\_\_\_\_ Identification No. \_\_\_\_\_

### Eligibility Details

Name of Qualified Examination \_\_\_\_\_ Subjects \_\_\_\_\_

School/ Board/ University \_\_\_\_\_ Marks and Percentage \_\_\_\_\_

Date of Admission \_\_\_\_\_ Amount of Fee Deposited \_\_\_\_\_

(Signature of Student)

(Signature of Guardian)

(Authorized Signatory)- LLRGOI, Moga

Note: Candidate seeking admission shall fill this form and send its scanned copy at [admissions@llriet.ac.in](mailto:admissions@llriet.ac.in)