



GMIND INSTITUTE

TIKONIAPARK PANT STADIUM ROAD SULTANPUR, UTTAR PARDESH-228001
Ph: 8423185118 | Email: gmindinstitutes@gmail.com



SCAN TO VERIFY

ADMISSION FORM (Session 2026-2027)

Application No: **GM20260019** Roll No: **1603**

Date: 17 Apr 2026

STUDENT INFORMATION

PHOTO
Recent Passport Size Photo

Name **ANJALI GAUTAM**
Father's Name **KKSINGH**
Mobile **8423185118**
Email **gmindinstitutes@gmail.com**
Address **GRAM, SEMARI GRAM, SEMARI AMBEDKAR NAGAR**

COURSE DETAILS

Course **Tally Prime Champion**
Batch **Sweta Man**
Duration **6 Months**

FEE DETAILS

Total Fees **Rs. 5,500**
Paid Amount **Rs. 0**
Balance Due **Rs. 5,500**

DECLARATION

I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief. I promise to abide by the rules and regulations of the institute.

Student's Signature

Authorized Signatory