



# Maharishi Arvind Group of Institutions

Approved by AICTE & PCI, Govt. Of India, New Delhi  
Affiliated to Rajasthan Technical University, Kota  
Rajasthan University of Health Science, Jaipur

SECTOR-7, MADHYAM MARG, MANSAROVAR, JAIPUR-302 020  
PHONE : 0141-2784311, 2785052

## STUDENT ENQUIRY FORM

FOR

M.TECH / B.TECH / M.PHARMA / B.PHARMA / D. PHARMA/MBA

1. Name of Student (in Capital Letters) .....

2. Date of Birth

Date		Month		Year			

(as per sec. Certificate)

3. Father's Name .....

4. Student Mobile No. .... (5) Father's Mobile No. ....

6 Mother's Mobile No. ....

7. Address for correspondence .....

8. Student Aadhar No. .... 9. Religion ..... 10. Category .....

11. Educational Qualifications

Name of Exam	Board/University	Roll No.	Year of Passing	Total Marks/ Marks Obtain	PCM/ PCB

12. Desirable Course/Branch :

(I) ..... (ii) .....

(iii) ..... (iv) .....

13. Entrance Exam Passed (if any)

Roll No.

Rank

(a)

(b)

14. You came to know about us from (Please ✓)

(I)Alumni

(ii) Friend/Relative

(iii) Print Media/Electronic Media

(iv) Any other

15. References of two Relatives/Friends along with address and Phone No. ....

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Signature