



# WDPI SKILL DEVELOPMENT INSTITUTE (P)LTD.

Registered Under Ministry of Corporate affairs (Govt. of India)

UAN-HP09D0000532 AN ISO 9001:2015 Certified Institute

**CIN U80221HP2014PTC000777**

Reg . No .....

Admission No .....

## Re-Admission Form

[Fill The Form Block Capital Letters [English Only]

Student Name

Father's Name

Mother's Name

Permanent Address

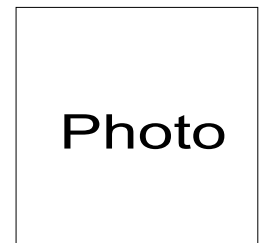
State

Pin No  Contact No

Course Name

Medium **Hindi**  **English**  **Punjabi**

Course Code  Course Duration



### **Cause of the absence or attach with medical report**

### **Note by Student or Parents**

### **Declaration**

I shall abide by the rule of the rules and regulations of the institute. I hare by declare that the above maintained information is true complete and correct to the best of my knowledge and bullet. I have understood that the fee once paid is non refundable and non transferable even if I don't attend the training workshop or in any case wh- atsoever. I further declare that have taken admission at my own will have and understood all the details.

Date..... Student Sign. Guardian Sign Director Sign & Seal

Place.....