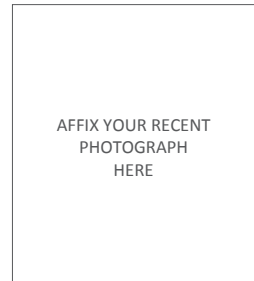


**REGISTRATION FORM**  
Live Sound Reinforcement  
Batch.....



*Sri Anubindo Society*  
**SACAC**



AFFIX YOUR RECENT  
PHOTOGRAPH  
HERE

For office use

**Instructions to fill the form**

1. Do not leave any field vacant. Mention NA where relevant.
2. Use upper case only.

**Personal Details:**

Name.....

Father/Mother/Guardian's name .....

Age ..... Gender  Male  Female

**Contact Details:**

Correspondence Address.....

.....

City..... State.....

Country ..... Pin .....

Mobile No. .... Emergency Contact No. ....

Email Id .....

**Highest Academic Qualification:**.....

**Occupation:**.....

**Terms & Conditions**

1. An application form once sold/issued in the name of candidate cannot be returned and/or transferred.
2. The application form should be complete in all respects.
3. Rights to admission are reserved with SACAC.
4. Fees, once paid, are non-refundable and non transferrable.
5. All disputes are subject to the exclusive jurisdiction of Delhi Courts.

**Declaration**

I confirm that the information on this form is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** Incomplete forms will not be considered