



RESOLUTION GROUP OF EDUCATIONAL TRUST

TERMS & CONDITIONS

- RGET IS AN ISO 9001: 2015 CERTIFIED & GOVERNMENT OF WEST BENGAL REGISTERED (1882, TRUST ACT) AUTONOMOUS EDUCATIONAL ORGANISATION. OUR MISSION IS TO PROVIDE TOP LEVEL TECHNOLOGY BASED EDUCATION FOR ALL, ESPECIALLY FOR FINANCIALLY BACKWARD STUDENTS.
- INSTITUTE DOES NOT PROVIDE ANY TYPE OF GURRANTY ON JOB PLACEMENT OR JOB GURRANTY.
- CERTIFICATION OF RELATED COURSES WILL BE PROVIDED TO ME BY RESOLUTION GROUP OF EDUCATIONAL TRUST. THIS ORGANISATION IS ONLY LIABLE TO PROVIDE QUALITY OF EDUCATION IF MY ATTAINDANCE IN THE CLASS IS GOOD.
- RGET IS LIABLE ONLY FOR QUALITY OF EDUCATION IF AND ONLY IF THE ATTAINDANCE OF STUDENT IS MORE THAN 75% OF TOTAL CLASSES. TO ATTAIN EXAMINATION AT LEAST 60 % ATTAINDANCE IS MUST.
- RGET WILL PROVIDE MARKSHEET & CERTIFICATE BOTH ONLINE AND OFFLINE ONLY AFTER PASSING SUCCESSFULLY THE EXAMINATION.
- OUR WEBSITE IS WWW.RGET.CO.IN .ALL TYPES OF ONLINE VERIFICATIONS WILL BE AVAILABLE ONLY AT THIS WEBSITE. THIS IS OUR ONE AND ONLY VERIFIED WEBSITE. WE ARE NOT TAKING ANY RESPONSIBILITY OF OTHER WEBSITES IN CASE OF ANY TYPE OF ONLINE VERIFICATION.
- INCASE OF ANY NECESSITY OF VERIFICATION OF CERTIFICATION, OUR (RESOLUTION GROUP OF EDUCATIONAL TRUST) AUTHORISED LETTER, SEPARATE APPLICATION & TERMS & CONDITIONS APPLIED.

I HERE BY DECLARE THAT I HAVE UNDERSTOOD ALL THE ABOVE MENTIONED TERMS AND CONDITIONS. I HAVE NO OBJECTION ABOUT THIS MATTER.

DATE:

PLACE:

SIGNATURE & L.T.I OF THE STUDENT

Form Receiving Date

Enrollment No.

Authorized Signature

RESOLUTION GROUP OF EDUCATIONAL TRUST

A National Institute of Information Technology Education & Research
ISO: 9001:2015, ISO 29990:2010, ISO 21001:2018

ADMISSION FORM

Fill the form in BLOCK CAPITAL LETTERS (English using BLUE/BLACK ink only).

ASC CODE

STATE CODE

Course Name

Course Code

Paste one recent
passport size
photograph

Please do not
Pin or Stamp

1. Full Name of the Applicant (as per certificate)

2. Father's Name (as per certificate)

3. Mother's Name (as per certificate)

4. Complete Address for Correspondence to (do not repeat name)

City / District

State

Pin Code

Telephone Number with STD Code

Mobile No

E-Mail ID :

5. Category

ST SC Handicapped Other

6. Date of Birth

Date Month Year

7. Sex

M - Male
F - Female

8. Courseware Medium

E - English
H - Hindi

9. Details of Qualifying Examination

	Name of Board/ University	College/ School Name	Year of Passing	% Obtained
SSC/10th				
Inter/12th				
Degree				
Others				

Enclosure : Demand Draft, Attested Xerox copy of last qualification & Cast Certificate

DECLARATION BY THE APPLICANT

I have read all the rules and regulation of the institute and admission to the course applied for. I declare that the above information is true and correct to my knowledge and belief and I fully understand that my admission will cancelled if any information by me is found to be false or twisted.

Place :

Date :

FOR ASC OFFICE USE ONLY

Signature of Applicant

Form Receiving Date

Enrollment No.

Authorized Signature