

Application Form for Exam

Enrollment No.: DI/_____

Reg. No. _____

Course Name: _____

Course Duration: From: ___/___/___

To: ___/___/___

Photo

Personal Details Fill in Capital Letters

Applicant's Name.....

Father's Name.....

Mother's Name.....

Guardian's Name

Address

District..... State..... Pin Code

Mob. No. +91 E-Mail.....

Alternate Mob. No. +91 Gender: Male Female

Date of Birth : Nationality:.....

Category : General OBC SC ST Marital Status : Married Unmarried

UID No.:

Academic Records

(Attach attested copies of mark sheets where requested for)

| Examination | Name of the School/ College/ Institution Name | Board/ University Name | Year Of Passing | Subject/ Stream | Min. Marks/ Max. Marks | Per. % |
|------------------|---|------------------------|-----------------|-----------------|------------------------|--------|
| 10 th | | | | | | |
| 12 th | | | | | | |
| Graduation | | | | | | |
| Other | | | | | | |

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Candidate Signature