

Application Form (This form is free)

Kindly fill in CAPITAL LETTERS. All fields marked* are mandatory.
Photocopy of this form is also acceptable.

Affix a recent passport color photograph here

I. Personal Details*

| | | | |
|-----------------------|---|--------------|---|
| First Name* | <input type="text"/> | Last Name | <input type="text"/> |
| Date of Birth* | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Aadhaar No.* | <input type="text"/> |
| Postal Address | <input type="text"/> | | |
| City | <input type="text"/> | District | <input type="text"/> |
| State | <input type="text"/> | Pincode | <input type="text"/> |
| Student's Mobile No.* | <input type="text"/> | Gender* | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others |
| Email | <input type="text"/> | | |
| Special Cases* | <input type="checkbox"/> Single parent <input type="checkbox"/> Orphan <input type="checkbox"/> Critical disease <input type="checkbox"/> Not applicable | | |
| | <input type="checkbox"/> Differently abled; <i>If yes, mention your disability</i> <input type="text"/> | | Percentage of disability <input type="text"/> |

Father/Guardian

| | | | |
|-----------------|----------------------|----------------|----------------------|
| First Name* | <input type="text"/> | Last Name* | <input type="text"/> |
| Occupation* | <input type="text"/> | Mobile Number* | <input type="text"/> |
| Annual Income ₹ | <input type="text"/> | | |

Mother

| | | | |
|-----------------|----------------------|----------------|----------------------|
| First Name* | <input type="text"/> | Last Name* | <input type="text"/> |
| Occupation* | <input type="text"/> | Mobile Number* | <input type="text"/> |
| Annual Income ₹ | <input type="text"/> | | |

II. Academic Details*

Current School/College/Institute - Name and Address*

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

| | | | |
|-----------------------------|--|------------------|--|
| Present Class* | <input type="checkbox"/> Graduation <input type="checkbox"/> ITI <input type="checkbox"/> Polytechnic | | |
| Mode of Course* | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Distance | Types of Student | <input type="checkbox"/> Hosteller <input type="checkbox"/> Day Scholar |
| Previous Class Passing Year | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Marks Obtained <input type="text"/> | Total Marks | <input type="text"/> |
| Class 10 Board | <input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> IB <input type="checkbox"/> State Board | Passing Year | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Total Marks | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Marks Obtained <input type="text"/> | | |
| Class 12 Board | <input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> IB <input type="checkbox"/> State Board | Passing Year | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Total Marks | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Marks Obtained <input type="text"/> | Stream | <input type="checkbox"/> Science <input type="checkbox"/> Commerce <input type="checkbox"/> Arts |

