



APPLICATION FORM 2016

(for office use)

e-Chat Reg No Form no / 2016

Affix coloured
passport size
photo

(Please tick)

- | | | | |
|----------------------------------|---------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> KOLKATA | <input type="checkbox"/> DELHI | <input type="checkbox"/> BANGALORE | <input type="checkbox"/> AHMEDABAD |
| <input type="checkbox"/> PUNE | <input type="checkbox"/> JAIPUR | <input type="checkbox"/> HYDERABAD | <input type="checkbox"/> BANGKOK |

PERSONAL DETAILS (Please fill-up the form in capital letters only)

| | | | | | | | | | | | | | | | | | | | | | |
|-------------|-------------------------------|---------------------------------|---------------|---|---|---|---|---|---|----------------|----------------------|----------------------|--|--|--|--|--|--|--|--|--|
| Name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| Middle Name | <input type="text"/> | | | | | | | | | | Surname | <input type="text"/> | | | | | | | | | |
| Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Date of Birth | M | M | D | D | Y | Y | Place of Birth | <input type="text"/> | | | | | | | | | | |
| Nationality | <input type="text"/> | | | | | | | | | | Religion | <input type="text"/> | | | | | | | | | |
| Father Mob | <input type="text"/> | | | | | | | | | | Mother Mob | <input type="text"/> | | | | | | | | | |

CONTACT DETAILS (Please fill-up the form in capital letters only)

| | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|----------------------|--|--|--|--|--|--|--|--|--|-----|----------------------|--|--|--|--|--------|----------------------|--|--|--|--|
| Permanent Address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Correspondence Address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Phone | <input type="text"/> | | | | | | | | | | Std | <input type="text"/> | | | | | Mobile | <input type="text"/> | | | | |
| e - Mail | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |

GUARDIAN DETAILS (Please fill-up the form in capital letters only)

| | | | | | | | | | | | | | | | | | | | | | | |
|----------|----------------------|--|--|--|--|--|--|--|--|--|------------|----------------------|--|--|--|--|--------|----------------------|--|--|--|--|
| Name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Surname | <input type="text"/> | | | | | | | | | | Occupation | <input type="text"/> | | | | | | | | | | |
| Address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Phone | <input type="text"/> | | | | | | | | | | Std | <input type="text"/> | | | | | Mobile | <input type="text"/> | | | | |
| e - Mail | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |

OTHER DETAILS

Academic Qualification

School Details

Board

Year

% of Marks

Class X Level

Class XII Level

Any other

Adm. Test Centre: Examination _____ () Group Discussion & Personal Interview _____ ()
(Please ref website or the list enclosed and write the centre Name & No)

DECLARATION : I declare that the information given above is correct to the best of my knowledge.

.....
Full Signature & Date