



## 11. Permanent Address


Mobile :  WhatsApp :

## 12. Educational Qualification

Name of the Examinations passed	Subjects Studied	Medium of Instruction	Year of Passing	Aggregate Marks	Percentage	Division	Percentage of English
Matric/10th/SSLC							
Intermediate/10 + 2							
Any other							

13. Do you know English? Yes/No (if yes, Please tick (✓) mark on the appropriate answer)

To read..... Yes/No..... To write..... Yes/No..... To follow lecture..... Yes/No.....

14. Have you suffered any serious illness in the past. Yes/No (if yes)

Please write .....

15. Has any of your relatives studied in this institute? Yes/No If yes give the full name.....

16. Is any of your relative studying at present in this institute? Yes/No If yes give the full name  
.....

Date :

(Signature of the candidate)

(Signature of the Guardian)

# RECEIPT

Application No : .....

Course : .....

Name : .....

Amount: .....

Date : .....

Signature of the Receiver .....