

Student Name:			
Father Name:			
Mother Name:			
Address:			
City:		State:	
Father Mobile No.:		Mother Mobile No.:	
Student Mobile No.:		Email Address:	
Student Date of Birth:		Studying in Class:	
School Name:			
School Board:			

Exam Passed	Year	Percentage/Grade/Rank	School/ Board
10 th			
11 th			
12 th			
What is your plan for further studies after schooling?			
Ambition / Career			
Preference of course	<input type="checkbox"/> Arts <input type="checkbox"/> Finance/Accounting <input type="checkbox"/> Science <input type="checkbox"/> Engineering <input type="checkbox"/> Hospitality <input type="checkbox"/> Business/Management <input type="checkbox"/> Law <input type="checkbox"/> Healthcare/Medical/Nursing <input type="checkbox"/> Computer/IT <input type="checkbox"/> Maritime Studies <input type="checkbox"/> Sports <input type="checkbox"/> Any other		
Are you interested in studying abroad?			
Date:		Student Signature	

Reviewed by (for official use only)
