

STUDENT INFORMATION FORM

A. Student Details

Particulars	Details
First Name*	_____
Middle Name (Optional)	_____
Surname / Last Name*	_____
Mobile Number (+91)*	_____
Email Address*	_____
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
City*	_____
State*	_____
Nationality*	_____

B. Parent / Guardian Details

Particulars	Details
Parent / Guardian Name*	_____
Parent / Guardian Phone Number (+91)*	_____
Parent / Guardian Email*	_____
Parent / Guardian City*	_____
Parent / Guardian State*	_____
Parent / Guardian Address*	_____ _____

College & Course Details

Particulars	Details
State in which College is Based*	_____
College Name*	_____
College Director's Name*	_____
College Phone Number (+91)*	_____
College Landline Number (Optional)	_____
Course Level*	<input type="checkbox"/> Undergraduate (UG) <input type="checkbox"/> Postgraduate (PG) <input type="checkbox"/> Diploma
Name of the Course*	_____
Number of Students in Your Class	_____
Current Year of Study*	_____
Nearest Police Station to Your College*	_____

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief.

Student Signature	_____
Date	___ / ___ / ____
Place	_____