



REGISTRATION NUMBER :

NAME:  
PRESENT ADDRESS:

MOBILE NO:  
EMAIL ID:

PHOTO

MBA/ PGDM SPECIALIZATION DETAILS:

STREAM (MBA/PGDM)	SPECIALIZATION-1 (MAJOR)	SPECIALIZATION-2 (MINOR)	TOTAL CGPA IN 1 <sup>ST</sup> YEAR

EDUCATIONAL QUALIFICATION DETAILS:

QUALIFICATION	STREAM	INSTITUTE FULL NAME	INSTITUTE'S LOCATION	PERCENTAGE OF MARK OBTAINED	YEAR OF COMPLETION
10 <sup>TH</sup>	General				
12 <sup>TH</sup>					
B.SC/B.COM/B.A/ BBA/B.TECH/BHM /BPHARM/BCA/O THERS IF ANY SPECIFY					

SIP DETAILS:

SIP COMPANY 'S NAME	
SIP LOCATION	
SIP TOPIC	
SIP COMPANY'S SECTOR	



**FAMILY DETAILS**

<b>FATHER'S NAME</b>	
<b>MOTHER'S NAME</b>	
<b>FATHER'S OCCUPATION IN DETAILS</b>	
<b>FATHER'S EMPLOYERS NAME</b>	
<b>MOTHER'S OCCUPATION IN DETAILS</b>	
<b>MOTHER'S EMPLOYERS NAME</b>	
<b>FATHER'S MOBILE NUMBER</b>	

**PERSONAL DETAILS:**

<b>NAME</b>	
<b>DATE OF BIRTH</b>	
<b>AGE</b>	
<b>GENDER</b>	
<b>MARITAL STATUS</b>	
<b>PERMANENT ADDRESS</b>	
<b>PHONE NUMBER</b>	
<b>IDENTIFICATION DETAILS</b>	
<b>LANGUAGE FLUENT</b>	
<b>HOBBEY</b>	

**DATE OF SUBMISSION :**

**PLACE :**

**SIG NATURE**