

I. Personal Details*

First Name*	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth*	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Aadhaar No.*	<input type="text"/>
Postal Address	<input type="text"/>		
City	<input type="text"/>	District	<input type="text"/>
State	<input type="text"/>	Pincode	<input type="text"/>
Student's Mobile No.*	<input type="text"/>	Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Email	<input type="text"/>		
Special Cases*	<input type="checkbox"/> Single parent <input type="checkbox"/> Orphan <input type="checkbox"/> Critical disease <input type="checkbox"/> Not applicable <input type="checkbox"/> Differently abled; <i>If yes, mention your disability</i> <input type="text"/> Percentage of disability <input type="text"/>		

Father/Guardian

First Name*	<input type="text"/>	Last Name*	<input type="text"/>
Occupation*	<input type="text"/>	Mobile Number*	<input type="text"/>
Annual Income ₹	<input type="text"/>		

Mother

First Name*	<input type="text"/>	Last Name*	<input type="text"/>
Occupation*	<input type="text"/>	Mobile Number*	<input type="text"/>
Annual Income ₹	<input type="text"/>		

II. Academic Details*

Current School/College/Institute - Name and Address*

<input type="text"/>
<input type="text"/>
<input type="text"/>

Present Class*	<input type="checkbox"/> Graduation <input type="checkbox"/> ITI <input type="checkbox"/> Polytechnic		
Mode of Course*	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Distance	Types of Student	<input type="checkbox"/> Hosteller <input type="checkbox"/> Day Scholar
Previous Class Passing Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Marks Obtained <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Total Marks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Class 10 Board	<input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> IB <input type="checkbox"/> State Board	Passing Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Marks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Marks Obtained <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Class 12 Board	<input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> IB <input type="checkbox"/> State Board	Passing Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Marks	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Marks Obtained <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Stream	<input type="checkbox"/> Science <input type="checkbox"/> Commerce <input type="checkbox"/> Arts

Stream ☐ Arts ☐ Science ☐ Commerce ☐ Engineering ☐ Medical ☐ Management ☐ Computers
☐ Others _____

Course Duration ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Total Marks Marks Obtained

Passing Year 2 0

Course																																	
Course Duration			1			2			3																								
Total Marks																																	
Marks Obtained																																	
Passing Year			2			0																											

☐ Truck ☐ Bus ☐ Auto ☐ OLA/Uber Cab ☐ Taxi ☐ Others _____

<input type="checkbox"/> Proof of residence - Aadhaar Card, Driving License, Ration Card, etc	<input type="checkbox"/> Previous Class Marksheet
<input type="checkbox"/> Family Income/BPL certificate provided by Panchayat/Pradhan/Tehsil	<input type="checkbox"/> Vehicle RC Copy
<input type="checkbox"/> Class Xth Marksheet	<input type="checkbox"/> Class XIIth Marksheet
<input type="checkbox"/> Identity Proof	<input type="checkbox"/> Passport size photograph
<input type="checkbox"/> Current year's fee receipt/Admission letter/ID proof/Bonafide Certificate	<input type="checkbox"/> Copy of Commercial Driving License
