

Center Id : Course Name

Sector

Enrollment No. Counselling by Source of Walk-in

NAME IN FULL
(Block Letters)

Gender

Male Female

Aadhar No./ Aadhar
Enrolment No.

Date of Birth

Contact No.

Mobile

Landline

E-mail ID

Contact Address

City

District

Pin Code

Timings

Morning 9:00 am to 1:00 pm

Evening 1:00 pm to 5:00 pm

Category

General SC ST OBC Person with disability

Religion

Hindu Muslim Christian Sikh Others YES NO

Father/Husband
Name

Mother's
Name

Father/Husband
Occupation

Bank Name

Bank A/c No.

Bank IFSC Code

Educational Qualification

Qualification	Stream	School / Collage	University/ Board	Year of Passing	Marks Secured/ Max. Marks
X/SSLC					
XII/PUC					
Graduation					
Others					

Student's Signature