

Name : _____
(First Name) (Middle Name) (Last Name)

Email-ID : _____@_____

Contact No. : _____


Date of Birth : ____/____/____ (DD/MM/YY)

Gender : Male Female

Category : General OBC SC ST

Mother Tongue : _____

Marital Status : _____



Academics Details (10th, 12th, Graduation, Others)

Exam Name	Year of Passing	Institution	Board /University	Percentage (%)

Work Experience

Organization Name	Designation	Joining Date	Releasing Date

Competitive Exams Details (CAT, MAT, XAT)

Exam Name	Examination Year	Composite Score	Percentile

Address Details

City: _____ Pin code: _____ State: _____

Parent's Details

Father's Name : _____

Occupation : _____ Contact No: _____

Mother's Name : _____

Occupation : _____ Contact No: _____

List of Colleges according to the Candidate's Preference

Preference	College Name	College City
1		
2		
3		
4		
5		

Declaration

I hereby declare that all the information provided in this form is complete and accurate to best of my knowledge. I confirm to have read all the rules and regulations of the organization and agree to abide by them.

Date: _____

Signature