

**Personal Details**

Please write your full name as shown on your 10<sup>th</sup> Std. Marks Card

First Name:

Last Name:

Date of Birth:         Male:  Female:

Address: .....

Pincode: ..... Residence Phone Number:.....

Your Mobile Number: ..... Your Email Address: .....

Parent/Guardian Name: ..... Occupation:.....

Parent/Guardian Phone Number:..... Family's Annual Income(p.a.):.....

**Education**

Please list all the Schools/Colleges you have studied:

	Year of Passing:	Overall %
10 <sup>th</sup> /High School:.....	.....	<input type="text"/>
12 <sup>th</sup> /PU College: .....	.....	<input type="text"/>

**Medical Fitness**

we would be grateful if you could answer the following questions.

Do you have a disability, learning difficulty or medical condition? Yes:  No:

If yes, please give details below

Visual Impairment	Moderate Learning difficulty	Other Physical Disability	
Hearing Impairment	Severe Learning difficulty	Other Learning difficulty	
Disability affecting mobility	Dyslexia	Other Medical Condition	
Profound Complex Disabilities	Dyscalculia	Temporary Disability after illness	
Social/Emotional Difficulties	Autism Spectrum Disorder	Other Disability	
Mental Health Difficulty	Asperger Syndrome	Prefer not to say	

If you have ticked one of the boxes above, please give full details of your disability/learning difficulty or medical condition:

.....

.....

**Disclaimer**

I confirm that all information in this application (including any supplemental information) is factually true and honestly presented. I authorize the company to review my application and verify all documents submitted.

\_\_\_\_\_  
Signature of Applicant