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| **Application Form for the Sponsorship of MBBS /** **Engineering / B.Pharm/ Nursing / Diploma / ITI** |
| Name of the Candidate | : |  |
| Date of Birth | :  |  |
| Name of Guardian | : |  |
| Relationship with Guardian | : |  |
| Present Address | : |  |
| Permanent Address**Telephone/Mobile No.**Annual income Whether you belong to the BPL Category If yes pl give the ref.no. of the certificate issued by appropriate authorities   | :: :  : YES/NO: |  |
| **Qualification** |  |  |
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| Name of Course | Board /University | % of mark | Year of passing |
| SSLC |  |  |  |
| HSC |  |  |  |

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| Name of the Course pursuing | : |  |
| Name & Address of the institution | : |  |
| **Declaration**I certify that the above information is correct and true to the best of my knowledge and belief. I understand and agree that in the event of any information being found false or in-correct, my application is liable to be rejected at any stage of processing.Place :Date :   **Signature of the Applicant** |