

|  |  |  |
| --- | --- | --- |
| **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.**  Email ID    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** |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | Name of Course | Board /University | % of mark | Year of passing | | SSLC |  |  |  | | HSC |  |  |  | | | |
| 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** | | |