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| **Application Form for the Sponsorship of MBBS /Engineering /Pharmacy/ Nursing / Diploma / ITI** | | | | |
| Name of the Candidate | | : | Please affix your recent passport size photo here | |
| Date of Birth | | : |  | |
| Name of the Guardian | | : |  | |
| Relationship with Guardian | | : |  | |
| Present Address | | : |  | |
| Permanent Address  **Telephone/Mobile No.**  Alternate mob no  Email ID  Annual income  Whether you belong to the BPL Category  If yes pls give the ref.no. of the certificate issued by appropriate authorities Eg: Income Certificate /Ration Card | | :  : 1)  : 2)  :  :    : YES/NO  :  : |  | |
| **Qualification** | |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | Name of Course | Board /University | % of mark | Year of passing | | SSLC |  |  |  | | HSC |  |  |  | | | | | |
| Name of the Course : |  | | |  |
| Name & Address of the institution : |  | | |  |
| Name of the University :    **Enclose copy of:-**   1. Aadhar 2. College ID Card 3. SSLC Marksheet 4. HSC Marksheet 5. Income certificate 6. Ration Card 7. Authorization letter from College   **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** | | | | |