Helpline number +91-95929-10188 +91-98760-75188 Email id - GurusarCareerAcademy@Gmail.com

Format (DD/MM/YY) e.g., 01//12/2001

OFFICE: KEHAL COMPLEX, OPPOSITE AIRFORCE CINEMA, GUARD ROOM, HALWARA AD, LUDHIANA 141104

APPLICATION FORM

INSTRUCTION

3 . Father's Name

4. Mother's Name

5. Aadhar No,

6 . E-mail Id

- 1 . Please read the form carefully before filling it.
- 2 . Use only Blue or Black Pen to fill up the Form in English using CAPTIAL/BLOCK LETTERS ONLY
- 3 . Please keep a photocopy of the Form before submitting as a ready reference.
- 4. Incomplete Form will not be considered.
- 5 . Put Tick () mark on applied course specialization.

COURSE / PROGRAMME DETAILS:

7 . Date of Birth: _____

Passport size

Photo

Course : -			
Year of Admission :			
PERSONAL INFOR	MATION (IN BLOCK LETTERS)		
1 . Gender (tick)	Male Female	Transgender	
2 . Name of Applicant			

8 , Marital Status :	
9 . Category: SC ST OBC GEN Minority 10 . Nationality: Domicle Sikkim	Muslim In case of other Specity Other In case of others specity
11 . Religion : 12 . Cou	untry of Living
13 : Weather different abled Yes/ No If yes	, specify
CONTACT DEATIALS:	
Permanent Address (Don't Repea	it Name)
City State	Pin Code
Permanent Mobile No, (On which all the important information	on to be delivered)-
Parent/Guardian Name Parent O	ccupation
Parent/Guardian Contact NoEm	nail Address
LAST QUALIFICATION DETAILS Name of school/Board:	ver ends
Division: Percentage (%):	
Total Marks : Marks Obtained :	Year of passing :
Subject :	

Self attested copies of certificates/marksheet should be attached .

Payment details (applicable for download from only)

Mode of Payment	Date	Amount	Campus/ Name of bank

DECLARATION BY CANDIDATE

I hereby declare that I have carefully read the instru	uctions and all the information furnished	by me are correct
Candidate's Signature	Parent's/Guardian Name	
Parent's/Guardian Signature	Place	Date

