

Pre-foundation Career Care Programmes (PCCP) Division



Tick (√)



(New students should have this column blank)

Photo

26th December 2016 to 7th January 2017

Roll No.

## **Important Instructions:**

Workshop

**OLYMPIAD** 

IJS0

NTSE

S.No.

1.

2.

3.

- ✓ Use only CAPITAL LETTERS to fill-up the entire form.
- ✓ Use only Black/Blue ball Point Pen to fill-up the form.
- ✓ Please tick the relevant box of the workshop you wish to join.

Target

OLYMPIAD

IJSO (Stage-1)

NTSE (Stage-1 & 2)

	4.	BRIDGE COURSE			Class - 11				Class - 10																
	5.	5. KVPY		KVPY					Cla	ass -	s - 11														
	6.	6. IESO		IESO (Stage-1)				Cla	ass -	s - 10								L							
	Name of Bank			Mode of Payment (DD/Cash/Cheque/onli								DD/Cheque N			No.		Amount (₹)			Date			Receipt No.		
1.	Student	t Name:																							
2.	Father's	s Name:																							
3.	Date of Birth:			M	M Y	′ Y	Υ	Υ			<b>4.</b> Gender:			er: [	М		F								
5.	i. Category: GEN.				OBC ST SC					6. Class:															
7.	Name o	Name of School :																							
8.	Applicant's Correspondence Address (avoid your name & father's name here)																								
	City/Town/Village : State : Tel. No. (With STD Code) :													District :											
					PIN Code :								e : [												
		Mobile No.	(Self) :																						
Mobile No. (Parent) :			arent):											E-m	nail II	D:									

Eligibility

Class - 6 to 9

Class - 8 & 9

Class - 10

## **DECLARATION BY THE APPLICANT**

I hereby certify that the information given in the Application Form is complete and accurate to the best of my knowledge and belief. I understand and agree that misrepresentation or omission of facts will justify the denial/cancellation of my enrolment in the programme.

Signature of the Parent / Guardian	Signature of the Student	Date:	
Jiuliatui e vi tile Pai elit / Vuai ulali	Jiuliatule of the Student	Date.	