Resonance®
Educating for better tomorrow
**Pre-foundation Career Care Programmes (PCCP) Division**

# WINTER WORKSHOP 2017-18
Application Form

**Stage-1:** ☐ **Phase-1:** 25 to 31 December 2017 ☐ **Phase-2:** 01 to 07 January 2018 | **Stage-2:** ☐ 25 to 07 January 2018

## Important Instructions:

- ✓ 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.

**Roll No.** ☐☐☐☐☐☐☐☐
(New students should have this column blank)

| S.No. | Workshop | Target | Eligibility | Tick (✓) |
|---|---|---|---|---|
| 1. | OLYMPIAD | OLYMPIAD (Stage-1) | Class - 5 to 7 | |
| 2. | OLYMPIAD | OLYMPIAD (Stage-2) | Class - 5 to 8 | |
| 3. | IJSO | IJSO (Stage-1) | Class - 7 to 9 | |
| 4. | IJSO | IJSO (Stage-2) | Class - 8 to 10 | |
| 5. | NTSE | NTSE (Stage-1) | Class - 9 | |
| 6. | NTSE | NTSE (Stage-2) | Class - 10 | |
| 7. | BOARD | BOARD | Class - 10 | |

Photo

| Name of Bank | Mode of Payment (DD/Cash/Cheque/online) | DD/Cheque No. | Amount (₹) | Date | Receipt No. |
|---|---|---|---|---|---|
| | | | | | |

**1.** Student Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**2.** Father's Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**3.** Date of Birth: ☐☐☐☐☐☐☐☐ (D D M M Y Y Y Y)

**4.** Gender: M ☐ F ☐

**5.** Category: GEN. ☐ OBC ☐ ST ☐ SC ☐

**6.** Class: ☐

**7.** Name of School : _____

**8.** Applicant's Correspondence Address (avoid your name & father's name here)

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☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City/Town/Village : ☐☐☐☐☐☐☐☐☐ District : ☐☐☐☐☐☐☐☐☐☐

State : ☐☐☐☐☐☐☐☐☐ PIN Code : ☐☐☐☐☐☐

Tel. No. (With STD Code) : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mobile No. (Self) : ☐☐☐☐☐☐☐☐☐☐☐

Mobile No. (Parent) : ☐☐☐☐☐☐☐☐☐☐☐ E-mail ID: _____

## 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:** _____