



ENQUIRY FORM

Name of Student: _____ Father's Name: _____

Mobile Number: _____ E-mail Id: _____

Address: _____

City: _____ State: _____ PIN: _____

Educational Qualification:

| Class | Board / University | % Percentage | Passing Year |
|-----------------|--------------------|--------------|--------------|
| 10th | | | |
| 12th / Diploma | | | |
| UG | | | |
| PG/Other If Any | | | |

Name of Course (For Admission): _____

Preferred Location: _____ Maximum Budget: _____

Name of Preferred Colleges:

1. _____

2. _____

3. _____

Applicant Signature

Authorised Signatory