

INQUIRY FORM



Educational Services • Overseas Services • Placement Services • Publication Services • Exhibitions & Conventions

Inquiry Form No: _____

Student's Name: _____

Parents / Guardian's Name: _____

Occupation of Parents: _____

Date of Birth: _____ Age: _____ Gender: _____ Nationality: _____

Address for Communication: _____

Pincode: _____ Phone No.: _____ Mobile No.: _____

Email ID: _____

Inquiry For: Information/Guidance Aptitude Testing Counseling Career Planning Admission

Courses Opted For: _____

State / City Preference: _____

College / University Preferences: 1. _____

2. _____

3. _____

Budget: _____

Qualification of Candidate in Detail:

Degree	Stream	Marks (%)	Board / University	Year of Passing
S.S.C:				
H.S.C:				
Graduation:				
Other:				

Name of School / College: _____

Address of School / College: _____

Reference: _____

Date: _____ Place: _____

Signature _____

Note: Candidate interested in Information & Guidance / Aptitude Testing / Counseling / Career Planning / Admission should attach / send filled form along with the attested copies of all Certificates / Mark Sheets at the following address.