



EDUCATION SOUL WELFARE SOCIETY

CANDIDATE REGISTRATION FORM

Name in Block Letter: _____

First Name

Middle Name

Last Name

Father's Name: Mr. _____

First Name

Middle Name

Last Name

Mother's Name: Mrs. _____

First Name

Middle Name

Last Name

Guardian's Name (if applicable): _____

First Name

Middle Name

Last Name

Gender: Male

Female

Date of Birth: _____

Marital Status – Single

Married

Divorced

Widowed

Category – General

Schedule Caste

Schedule Tribe

EWS

Annual Family Income (for EWS): _____

Course Name: _____

Phone with STD Code: _____

Mobile Number: _____

Email Address: _____

Permanent Address: _____

Correspondence Address: _____

City Name: _____ District: _____ State: _____

Pin Code: _____

Details of Aadhar Card, if available: _____

Student's Bank Account Details: _____

Highest Qualification: _____

Educational / Qualification Details:

Sr. No.	Qualification	Board / University	Year of Passing	%age

Experience in Years (if any): _____

Identification Details: _____

Name & Signature: _____

FOR OFFICE USE ONLY

Date of Joining: _____

Date: _____

Enrollment No.: _____

Signature: _____