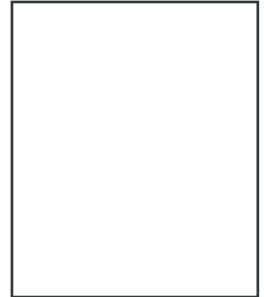


## APPLICATION FORM FOR POST GRADUATE COURSES

Control No. (For office use): \_\_\_\_\_

(FILL THE FORM IN CAPITAL LETTERS)

**COURSE OFFERED:** \_\_\_\_\_**1. PERSONAL DETAILS**Name of Candidate : \_\_\_\_\_  
(First Name)
(Middle Name)
(Surname)

Date of Birth (DD/MM/YY) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Category \_\_\_\_\_ Nationality \_\_\_\_\_

Permanent Address ( Please do not write Name / Father's Name) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pin Code \_\_\_\_\_

STD Code : \_\_\_\_\_ Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ E-mail ID \_\_\_\_\_

**2.PARENTS / GUARDIANS DETAILS**Parents / Guardians Name : \_\_\_\_\_  
(First Name)
(Middle Name)
(Surname)

Relationship with Candidate : \_\_\_\_\_

Parents / Guardians Profession: \_\_\_\_\_ Parents / Guardians Annual Income : \_\_\_\_\_

Address for correspondence (Please do not write Name / Father's Name) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pin Code \_\_\_\_\_

STD Code : \_\_\_\_\_ Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ E-mail ID \_\_\_\_\_

**3. ADDRESS FOR CORRESPONDENCE ON ADMISSION MATTERS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pin Code \_\_\_\_\_

**3. EDUCATIONAL RECORD**

| Examination      | School / College / University | Board / University | Major Subjects | Year of Passing | Marks Obtained/ Total Marks | % |
|------------------|-------------------------------|--------------------|----------------|-----------------|-----------------------------|---|
| Secondary / 10th |                               |                    |                |                 |                             |   |
| Higher Sec./10+2 |                               |                    |                |                 |                             |   |
| Graduation       |                               |                    |                |                 |                             |   |
| Post Graduation  |                               |                    |                |                 |                             |   |

Please specify if there has been any discontinuity in your educational record and mention the activities undertaken during that period.

**4. WORK EXPERIENCE IF ANY**

| Duration | Employer | Designation | Reason for leaving | Emoluments |
|----------|----------|-------------|--------------------|------------|
|          |          |             |                    |            |
|          |          |             |                    |            |

**5. WRITE A SHORT NOTE ON**

How do you spend your day ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your reason for choosing this course ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. LANGUAGES KNOWN :**

(a) Read \_\_\_\_\_ (b) Write \_\_\_\_\_ (c) Speak \_\_\_\_\_

**7. WHERE DID YOU GAIN INFORMATION ABOUT ARCH ?**

\_\_\_\_\_

**8. APPLICATION FEE/ POSTAL CHARGES DETAILS**

Bank Name \_\_\_\_\_

Issuing Branch \_\_\_\_\_

DD No. \_\_\_\_\_ Demand Draft Date \_\_\_\_\_ Amount Rs. \_\_\_\_\_

I \_\_\_\_\_ S/o / D/o \_\_\_\_\_  
 certify that the information filled in this application form is accurate & complete to the best of my knowledge. I declare that I have read all the terms & conditions & have understood the conditions of eligibility for the course applied for. If any information provided by me is found to be misleading or incorrect, my candidature shall be liable for cancellation by the Academy at any time & I shall not be entitled to any refund of the fee deposited with the Academy.

Verification by Parent/Guardian

Name of Parent/Guardian \_\_\_\_\_

Name of Candidate \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_