

3. Academic Qualification

Level, eg: X, XII, BA, B.Sc, B.Com., M.Com etc.	Name of the Institute (School, College)	Name of Board/University	Passing out Year	Results (grade or %)

4. Academic Achievements(attach additional sheet(s), If necessary)

High Secondary Level (Class I to X)	
Sr. Secondary Level(Class X + 2)	
Graduate/PG Level	
MAT/CAT/ATMA/JCCAT/UGAT	

6. Extra Curricular Activities / Achievements (attach additional sheet(s), if necessary)

High Secondary Level (Class I to X)	
Sr. Secondary Level (Class X+2)	
Graduate / PG. Level	

6. Employment and Work Experience (attach additional sheet (s), If necessary)

Please give details of work experience, training and employment in reverse chronological order.

Name of Organisation	Designation	Full Time or Part Time	From		To	
			Month	Year	Month	Year

7. Family Details

Name, Address of Parents.

FATHER	Name:	
	Address:	
	Employer:	
	Designation:	Fax:
	E-mail:	Mob.:

MOTHER	Name:	
	Address:	
	Employer:	
	Designation:	Fax:
	E-mail:	Mob:

8. Brother/Sister (s) Details

Relation	Name	Organisation	Designation	Mob.	E-mail

9. Please tick the desired option

- A/C Hostel Room
 Campus Transport
 Non-A/C Hostel Room

10. Language Known

Read
 Write
 Speak

11. Please tick the areas in which you are good/have performed/have contributed in the past

- | | | | |
|--------------------------|--------------------------|-------------------------|--------------------------|
| 1. Public speaking | <input type="checkbox"/> | 15. Teaching | <input type="checkbox"/> |
| 2. Dramatics | <input type="checkbox"/> | 16. Calligraphy | <input type="checkbox"/> |
| 3. Singing | <input type="checkbox"/> | 17. Painting | <input type="checkbox"/> |
| 4. Dance | <input type="checkbox"/> | 18. Art & Craft | <input type="checkbox"/> |
| 5. Training | <input type="checkbox"/> | 19. Textile Design | <input type="checkbox"/> |
| 6. Electronics/Robotics | <input type="checkbox"/> | 20. Fashion Design | <input type="checkbox"/> |
| 7. Computers | <input type="checkbox"/> | 21. Interior Design | <input type="checkbox"/> |
| 8. Networking | <input type="checkbox"/> | 22. Musical instruments | <input type="checkbox"/> |
| 9. Web Design | <input type="checkbox"/> | 23. Swimming | <input type="checkbox"/> |
| 10. Computer Programming | <input type="checkbox"/> | 24. Music | <input type="checkbox"/> |
| 11. Athletics | <input type="checkbox"/> | 25. Quiz | <input type="checkbox"/> |
| 12. Indoor games | <input type="checkbox"/> | 26. Presentation | <input type="checkbox"/> |
| 13. Outdoor games | <input type="checkbox"/> | 27. Debate | <input type="checkbox"/> |
| 14. Event Organisation | <input type="checkbox"/> | 28. Social Work | <input type="checkbox"/> |

Any Other _____

12. Declaration

I confirm that the information given on this form is true, complete and accurate and none of the Information requested or other material information has been omitted. I accept if it is discovered that I have supplied false, inaccurate or misleading information, ASMT reserve the right to cancel my application, withdraw its offer of a place or terminate attendance at the ASMT and I shall have no claim against ASMT in relation thereto.

Applicant's Name _____ Applicant's Signature _____ Date _____

CHECK LIST

For Office Use Only

- Candidate Name
- Course Title & Semester
- DOB Proof (Matriculation Certificate, Passport Copy)
- Proof of Educational Qualification (Original) (10th Certificate/ +2 Certificate / Graduation Certificate / Provisional Degree / Migration certificate)
- Proof of Educational Qualification (Photocopy) (10th Certificate/ +2 Certificate / Graduation Certificate / Provisional Degree/ Migration Certificate)
- Proof of Employment (Experience Certificate, Pay slip)
- 6 Passport size photograph

Remarks

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Name

Designation

Signature