


ENTRYFORM

Date:...../...../2024

PERSONAL INFORMATION			
Name of the Applicant			
Date of Birth/...../.....	Age	Place of Birth
Father's Name			
Mother's Name			

CONTACT DETAILS			
PERMANENT		PRESENT	
Address		Address	
City		City	
State		State	
Pin Code		Pin Code	
Phone No.		Email ID	

EDUCATION			
Name of the School		Present Class	
Hobbies/Interests/Activities			
Awards/Achievements			
Ambition/Future Goals			

PHYSICAL ATTRIBUTES			
Height		Weight	
Medical History (if any)			

REGIONAL ROUND CENTRE			
<input type="checkbox"/> AGARTALA	<input type="checkbox"/> DELHI	<input type="checkbox"/> JAMSHEDPUR	<input type="checkbox"/> RAIPUR
<input type="checkbox"/> AHMEDABAD	<input type="checkbox"/> GANGTOK	<input type="checkbox"/> KOCHI	<input type="checkbox"/> SHILLONG
<input type="checkbox"/> BENGALURU	<input type="checkbox"/> GOA	<input type="checkbox"/> KOLKATA	<input type="checkbox"/> SRINAGAR
<input type="checkbox"/> BHOPAL	<input type="checkbox"/> GUWAHATI	<input type="checkbox"/> LUCKNOW	<input type="checkbox"/> UDAIPUR
<input type="checkbox"/> BHUBANESWAR	<input type="checkbox"/> HYDERABAD	<input type="checkbox"/> MUMBAI	<input type="checkbox"/>
<input type="checkbox"/> CHANDIGARH	<input type="checkbox"/> IMPHAL	<input type="checkbox"/> NAINITAL	<input type="checkbox"/>
<input type="checkbox"/> CHENNAI	<input type="checkbox"/> ITANAGAR	<input type="checkbox"/> PATNA	<input type="checkbox"/>