

3. Academic Qualifications

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]

Higher Secondary Level (Class I to X)	
Sr. Secondary Level (Class X + 2)	
Graduate / P.G Level	

5. Extra Curricular Activities / Achievements [attach additional sheet(s),if necessary]

Higher Secondary Level (Class I to X)	
Sr. Secondary Level (Class X + 2)	
Graduate / P.G 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:			Mother	Name:		
	Address:				Address:		
	Employer:				Employer:		
	Designation:	Fax:			Designation:	Fax:	
	E-mail:	Mob.:			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 Book Bank

10. Languages 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. Computer | <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 Organization | <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 that if it is discovered that I have supplied false, inaccurate or misleading information, GGBS reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the GGBS and I shall Have no claim against GGBS in relation thereto.

Applicant's Name: Applicant's Signature: Date:.....