


APPLICATION FORM

Free Coaching for Joint Entrance Examinations (WBJEE/AIEEE/AIPMT) - 2013

by

Backward Classes Welfare Department, Govt. of West Bengal

In Association with

 **Guidance Foundation**

TYPE CLASS ROOM COACHING & TEST **MEDIUM** ENGLISH / BENGALI

EXAM Medical / Engineering / Combined **YEAR** 2012 – 2013

CENTRE

One copy
photo is to
be affixed

FILL IN THE FORM IN BLOCK LETTERS

PARTICULARS OF STUDENT

1. Name : Date of Birth / / 19.....
(dd / mm / yyyy)

2. Sex : Male Female

3. Community : SC ST

4. Correspondence Address :
..... PIN : Phone :

5. Permanent Address :
..... PIN : Phone :

6. Examination(s) Passed :

	Exam Name	Year	Marks	% of Marks	Name of the Institution
X					
XII					

7. Present Institution : Class :

PARTICULARS OF PARENT / GUARDIAN

1. Father's Name : Occupation :

2. Guardian's Name : Occupation :

Office/Business Name :

Address :

3. Annual Family Income :

I do solemnly declare that all the particulars given above are true. I shall abide by the guidelines of the Backward Classes Welfare Department, Government of West Bengal. Further declare that I shall attend at least 80% of the classes of the coaching conducted by Guidance Foundation.

I agree

Confirmed by

Date :
(dd / mm / yyyy)

.....
(Student's Signature)

.....
(Parent's / Guardian's Signature)

To be enclosed : (a) One copy passport size photo,
(b) Copy of Mark Sheet(s) of class – X / XII standard,
(c) Copy of SC/ST Certificate,

(d) Copy of age proof document,
(e) Family Income declaration,
(f) Residential Certificate.

Declaration on Family Income by Parent /Guardian of the applicant

I..... the parent/guardian of
residing at
..... hereby declare that I
belong to SC/ST Community and my annual family income from all sources is
Rs..... (in figures) Rupees
only (in words).

I also declare that, in any stage, the information given by me if proved to be false / not true,
benefit of the scheme may be withdrawn and legal action as deemed fit by the authority may
be taken against me or my ward.

Date

Signature of Parent / Guardian