



* Please use Ball point pen to fill the form

FOR OFFICE USE ONLY

Test Roll No. <input type="text"/>	Receipt No. <input type="text"/>
Date : <input type="text"/>	

(To be filled by the candidate in CAPITAL LETTERS only)

Student's Name :	<input type="text"/>	Paste a self attested stamp size photograph
Date of Birth :	<input type="text"/> <input type="text"/> <input type="text"/> Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male	
Father's Name :	<input type="text"/>	
Father's Occupation:	<input type="text"/>	
Permanent Address :	<input type="text"/>	
P.S. :	<input type="text"/> District : <input type="text"/>	
State :	<input type="text"/> Pin : <input type="text"/>	
Contact No. (Parents) :	<input type="text"/> C.No. (Student) : <input type="text"/>	
E-Mail :	<input type="text"/>	
Name of Institute : Class :	
Future Interest Area :	Engg <input type="checkbox"/> Medical <input type="checkbox"/> Finance/commerce <input type="checkbox"/> Arts <input type="checkbox"/> others (specify) <input type="text"/>	
Category :	Gen. <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Ex <input type="checkbox"/> PH <input type="checkbox"/> DK <input type="checkbox"/> OBC <input type="checkbox"/>	



ADMIT CARD FOR VTST

Form No. : <input type="text"/>	Test Admit Card No. : <input type="text"/>
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Test Center : <input type="text"/>	Roll No. : <input type="text"/>	Paste a self attested stamp size photograph
Class Studing in <input type="text"/>	Test Date : <input type="text"/>	

Address for Correspondence (where you desire the Admit Card to be sent for Admission Test)	Name _____
	Father's/Guardian's Name _____
	City _____ State _____ PIN <input type="text"/>

Signature of Candidate