

## APPLICATION FORM

No.: .....

### PERSONAL INFORMATION

Name .....

Date of Birth ..... / ..... / .....

Phone ..... Email .....

Address ..... Communication Address .....

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### PARENT INFORMATION

Father's Name ..... Occupation.....

Mother's Name ..... Occupation.....

Phone ..... Email .....

### ACADEMIC QUALIFICATION

Degree  B.Com  B.A. Economics  B.B.A  
 B.E .....  
 Others .....

Year of Study From ..... To ..... Year of Passing ..... Percentage.....

Mode of Study  Full Time  Part Time  Distance

Name of the Institution ..... Place.....

Institution  Autonomous College  Affiliated College  
 Private University  Govt. University

### CAREER SUPPORT SERVICE

Internship  Personality Development  
 Career Profiling  Employment

### DECLARATION

I ..... confirm that the information provided in this form is correct. If I am admitted for training, I confirm to abide by the rules and regulations of "The School of Business Logistics" during the course of training. I am responsible for the payment of training fee on time. I am aware that I have joined the training programme to get trained and certified for employability. If provided with an internship opportunity, I accept to pursue the internship in any location in india and rejecting an internship opportunity means that I am eligible to be disqualified from the training programme.

SIGNATURE OF THE APPLICANT

DATE

SIGNATURE OF THE PARENT

DATE