

8. EDUCATIONAL QUALIFICATION (HIGH SCHOOL ONWARDS)

S.No.	Examination	Board/University	Passing Year	Subject	% of Marks

Note: Attested Copies of date of birth & testimonials to be enclosed with this form:

9. Course opted:

Name Code

Starting Date Date of completion

10. Preference for time slot

Morning

Evening

11. Any other information you would like to mention:

12. Declaration:

I hereby declare that the information provided by me in this form is true.

I also hereby declare that I shall abide by the rules & regulation of ESTC-ACEL, failing which I shall be liable to be dismissed from the training without any refund claim or any other claim what so ever.

Date:

Place:

Signature of the Applicant

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For Office use only

Accepted by Counsellor

Receipt No. Date

Course to which admitted

Time and batch allotted

Seal of Local centre

Sign. Of Counsellor/ Centre Manager

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ESTC-ACEL

Address of Franchise

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