

Application Form

STC-DSISP

(Fill in capital letters. Tick appropriate boxes)

Name			
Category	Student <input type="checkbox"/>	Faculty <input type="checkbox"/>	Professional <input type="checkbox"/>
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Course opted for	Course-A <input type="checkbox"/>	Course-B <input type="checkbox"/>	Both A&B <input type="checkbox"/>
Address			
	PIN		
e-mail			
Phone no.			
<b style="color: magenta;">Payment Details			
Draft No			
Draft Amount			
Issuing Bank/Branch			
Date of Issue			
<b style="color: magenta;">Statistical Information			
Highest Degree:			
Organization/Institution:			
Accommodation Requirement :	Required		Not Required
	Hostel	Visitors' House	
	<input type="checkbox"/>	<input type="checkbox"/>	

Date.....

.....
Signature