



Mission : Women Empowerment
Vision : Technical Education



REGISTRATION FORM

KC Award Committee of BGC

R-4, Sector No 3, Vidyadhar Nagar, Jaipur -302023, Rajasthan(INDIA)

Tel. : 0141-2338591-95, 09314155155 • Fax : 91-141-2338007

S.No.

Website : www.kalpanachawlaawards.com

Please paste
passport size
photograph

Details of the Candidate

Name of Student

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Surname</small>	<small>First Name</small>	<small>Middle Name</small>

Details of Birth

Date	<input type="text"/>	Place	<input type="text"/>	State	<input type="text"/>
<small>Day</small>	<small>Month</small>	<small>Year</small>			

Father's Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Full Name</small>	<small>Profession/Business</small>	<small>Mobile No.</small>

Class

<input type="text"/>	Name of School	<input type="text"/>
<small>Name of class</small>	<small>Full name of school</small>	

Current Mailing Address

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	<input type="text"/>	Phone No. <input type="text"/>
<small>State</small>	<small>Postal Code</small>	<small>With Area Code</small>

E-mail Address

<input type="text"/>	Mobile No. <input type="text"/>
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Academic records (Enclose attested photocopy of mark sheets)

S. No.	Class	Board	Name and Address of Institution	Year	Subjects	% Marks
1.	X					
2.	XI					

Signature of Applicant

Date :

Signature of Principal

Seal of the Institution