

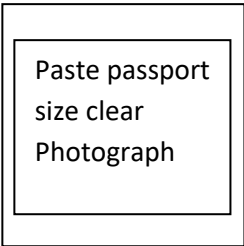
K. K. WAGH EDUCATION SOCIETY'S

K. K. WAGH COLLEGE OF FOOD TECHNOLOGY

SARASWATINAGAR, PANCHAVATI, NASHIK-422003

COUNSELLING FORM

STUDENT INFORMATION



NAME OF STUDENT (FULL NAME):

DATE OF BIRTH :

PLACE OF BIRTH :

CATEGORY :

RELIGION :

CASTE :

SUB-CASTE :

EMAIL ADDRESS :

MOBILE NUMBER :

:

NAME AS PER

LEAVING CERTIFICATE: :

PERMANENT ADDRESS **STREET** -.....

WITH PIN CODE **AT/P.**-..... **TAL.**-.....

DIST -.....

PIN -

CORRESPONDANCE :

ADDRESS :

WITH PIN CODE :

:

FATHER/GUARDIAN NAME (Full Name):

OCCUPATION :

ANNUAL INCOME :

MOTHER NAME (Full Name) :

OCCUPATION :

ANNUAL INCOME :

RELATIVE/GUARDIANS :

FROM NASHIK CITY :

(NAME AND ADDRESS) :

CONTACT NUMBER :

FAMILY BACKGROUND :

SR. NO.	NAME	RELATION WITH STUDENT	EDUCATION	OCCUPATION	BLOOD GROUP	CONTACT NO.	E-MAIL ID

ACADEMIC PERFORMANCE :

SR. NO.	STANDARD	EDUCATIONAL INSTITUTE	BOARD	YEAR OF PASSING	PERCENTAGE
1.					
2.					
3.					

PERSONAL INFORMATION OF STUDENT:

AIMS :

OBJECTIVES :

FUTURE PLAN :

HEIGHT :cm, **WEIGHT**:.....Kg.

BLOOD GROUP :

ALLERGY FROM :

HEALTH PROBLEMS :

ANY SURGERY IN PAST :

FAMILY DOCTOR :

NAME :.....

CONTACT NO. :.....

HOBBIES :.....

AREAS OF INTEREST :.....

AADHAR CARD NO. :.....

PAN CARD NO. :.....

BANK DETAILS:

PARTICULARS	DETAILS
NAME OF BANK	
BRANCH	
NAME OF ACCOUNT HOLDER	
ACCOUNT NUMBER	
IFSC CODE	

NAME OF COUNSELLOR

SIGNATURE OF STUDENT

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