



Winter Fellowship

Pathways to happiness.....

Nurture your dreams.....

P.M. FOUNDATION

Aspire... Excel... Inspire

together as a family

APPLICATION FORM

Application #: (for office use only)

Name of the student:

Date of Birth: DD/MM/YYYY Age:..... Gender: M F Nationality:

Class: School Name:

Permanent Address:

..... Pincode:

Phone No: Email id:

Father's Name: Mobile:

Qualification: Occupation: Annual Income:

Mother's Name: Mobile:

Qualification: Occupation: Employed: Home Maker Annual Income:

Are you the only child of your parents? Yes No If not, # of sisters, Class: # of brothers:, Class:

Grades in the last test/examination? Subjects you love: 1. 2.

Which profession you would like to pursue?

Why?

How do you spend your leisure time? Reading Playing Watch TV No leisure time None of these

What are your hobbies? 1. 2. 3.

Other skills (e.g., computers, typing, etc.) 1. 2. 3.

Extracurricular activities you have participated 1. 2. 3.

How did you hear about PMF Winter Fellowship?

Signature of the student

Date

Signature of the school Principal

Parent Declaration

I, Mr. (Father's Name) hereby assure you that me, my wife and my son/daughter three of us will attend the Winter Fellowship without fail, if selected. We are aware that the absence of any of us will lead to denial of admission to the event and our presence throughout the sessions is mandatory.

Signature of the Father

Date

Signature of the Mother