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	Toll 1 of 11 of 21 of 10 of 11	
1.	Name of Student	_
2.	Father's NameTel. No	
3.	Postal Address_	_
		_
	Tel. NoMob. NoE-mail	_
4.	Interesting Field : CA CS Other Other	
5.	Educational Qualification (Percentage of Marks):	
	(i) X (ii) XI / %	
6.	School Name	_
7.	School Address_	_
		_
8.	Medium :	
9.	Tick appropriate Scheme ✓ :	
	Scheme I (Maths & Accounts)	
	Scheme II (Only Accounts)	
	Signature of the Stude	ent
	SUBMIT THE FORM AT COLLECTION / DEPOSIT CENTRE GIVEN BELOW	