

MBA STUDENT PERSONAL DATA FORM

Name(As Per Enrollement ID) SahilKadu

Student Name (As Per 10th Grade Sheet) Sahil Kadu

Date Of Birth 01-01-2000

Enrollment No 001

Mobile No 9876543210

Email sahilkadu0101@gmail.com

Blood Group A+

Nationality Indian

Religion Hindu

Father's Name Robert Doe

Father's Mobile 0924865833

Father's Email rhrt@gmail.com

Mother's Name Mary Doe

Mother's Mobile 0924865833

Mother's Email sdcd@gmail.com

Address For Communication

sadsad

Local Guardian Name Bochu Srinu

Local Guardian Mobile 9087656432

Local Guardian Email

sdw@gmail.com

Local Guardian Address

Bhilai Road , Kumhari,
Raipur

Parents Income Category

☐ Below 5 Lacs ☐ Below 8 Lacs ☐ Below 10 Lacs ☐ Above 10 Lacs

Work Experience

☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 5 Years

Instructions:

- Hard copy of the duly filled Personal Data Form is required to be submitted at the time of Registration, failing which Registration will not be allowed. Also, please note all the fields in the form are mandatory.