



STUDIFY CONSULTANTS

Sr. No.: _____

Assessment Form

Please give as much information as possible

Name

D.O.B Email:

Contact No. Address:

Education:

| Class | Pass out Year | Board/University/College | % | Stream / Subjects |
|-----------------|---------------|--------------------------|---|-------------------|
| 10th | | | | |
| 12th | | | | |
| Graduation | | | | |
| Post Graduation | | | | |
| Others | | | | |
| | | | | |
| | | | | |

Work Experience: (Business ☐ Employed ☐)

| Name of Organization | Designation | Joining Date | Leaving Date | Full Time / Part Time | Job duties |
|----------------------|-------------|--------------|--------------|-----------------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Marital Status: [] Single [] Married [] Divorced Others: _____

Interested In: IELTS ☐ PTE ☐ TOEFL ☐ Others: _____

Study Visa ☐ Tourist Visa ☐ PR ☐ Others: _____

Country Interested in:

| | | |
|----|----|----|
| 1. | 2. | 3. |
|----|----|----|

City Preference:

| | | |
|----|----|----|
| 1. | 2. | 3. |
|----|----|----|

Course Preference:

| | | |
|----|----|----|
| 1. | 2. | 3. |
|----|----|----|



STUDIFY CONSULTANTS

Travel History: ☐ No

☐ If Yes, please give details

Any Refusal: ☐ No ☐ If Yes, please give details & attach the refusal letter (compulsory)

How did you come to know about us?

Newspaper ☐ TV Ad ☐ Flyers ☐ Facebook ☐ Other source _____

Any Other Information to Support Your Application:

SIGN: _____

DATE: _____

(For Office Use)

NOTE:

Counselor ID

(For Office Use)

Remarks :