**College Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | |  |
| Date of Birth | 14-Dec-24 | Gender | Select |
| Mobile |  |  |  |
| Email |  |  |  |
| Address |  |  |  |
|  |  |  |  |
| Father's Name |  | |  |
| Profession | Select | Mobile |  |
| Mother's Name |  |  |  |
| Profession | Select | Mobile |  |
|  |  |  |  |
| Education |  |  |  |
| Degree | Select |  |  |
| School |  |  |  |
| CGPA |  | Group | Select |
| Passing Year |  |  |  |
|  |  |  |  |
| Signature of Student | | | |