

ALLIANCE

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Date:

SCHOLARSHIP APPLICATION FORM

1	Name		M	F
2	Alliance Application Number			
3	Permanent Address: Res. Tel: Mobile: E-mail :			
4	Scholastic Record: X Std: XII Std: Graduation: (Aggregate %)			
5	Whether any course was repeated? (YES / NO)			
6	Aptitude Test written : (CAT / GMAT)			
7	Date Appeared:			
8	Percentile / Score Obtained:			
9	Post-Education Work Experience if any: Organization : Period : Designation : Nature of duties :			

I declare that the above details are true and correct. If, at any time, any of the information is found to be incorrect, I understand that my admission, if granted, and any scholarships, if granted, would automatically be rendered null and void.

Signature of the Candidate