



APPLICATION FORM

ALL INDIA UNDER GRADUATE SCHOLARSHIP TEST 2018

Application Form No. Roll Number (for office use only)

Instruction for filling Form

गलत	Wrong	गलत	Wrong	गलत	Wrong	सही	Correct
●●	○	●●	○	●●	○	●●	○

CHOICE OF COURSESEngineering Polytechnic I.T.I B.Ed. Other Course

1. Candidate's Name in Capital letters as given in Class X Certificate

2. Father's Name in Capital letters as given in Class X Certificate

3. Mother's Name in Capital letters

Affix your recent
passport size
Colour Photo4. Sex : Male
Female 5. Date of Birth
(As per Class X Certificate)
/ /
Date Month Year6. Category
GEN ST
SC OBC/EBC. 7. Place of Residence
Village
Town

8. Qualification	9. Board/University	10. Year of Passing/Appearing	11. Marks & Percentage	12. Subject
10th/Matriculation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10+2/Intermediate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others ()	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. E-mail ID 14. Contact No. 15. Mode of Preparation
Self Study
Individual Tution
Coaching
Correspondence
Course/Others 16. Choice of Examination Centre
(Give Two Options)
a. PATNA f. BANARAS i. Hazaribagh r. Rajauli x. Hazipur
b. BHAGALPUR g. KATIHAR m. Chapra s. Sitamari y. Samstipur
c. BOKARO h. RANCHI n. Gaya t. Madhepura z. Kodarma
d. Munger i. JAMSEDPUR o. Sasaram u. Ara Home Center
e. BIHARSHARIF j. LUCKNOW p. Motihari v. Gorakhpur
k. NAWADA q. Supaul w. Muzaffarpur Application Form No. Roll Number (for office use only) 

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ADMIT CARD

Candidate's mailing address in CAPITAL LETTERS only

NAME.....

FATHER'S NAME.....

ADDRESS.....

.....P.O.

CITY.....STATE.....

PIN CODE TEL. NO.....Affix your recent
passport size
Colour Photo

Candidate's Signature



18. Father's Educational Qualification, Occupation and Annual Income

- | | | |
|--------------------------------|--------------------------------|--|
| Matric <input type="radio"/> | Service <input type="radio"/> | Annual Income > 1,00,000 <input type="radio"/> |
| Inter <input type="radio"/> | Business <input type="radio"/> | > 1,50,000 <input type="radio"/> |
| Graduate <input type="radio"/> | Others <input type="radio"/> | > 2,00,000 <input type="radio"/> |
| Others <input type="radio"/> | | < 2,00,000 & above <input type="radio"/> |

Designation

D. D. DETAILS :

D. D. No.	ISSUE DATE	BANK NAME	AMOUNT

Candidate's mailing address in CAPITAL LETTERS only

(To be filled by student)

NAME.....

FATHER'S NAME.....

ADDRESS.....

.....P.O.

CITY.....STATE.....

PIN CODETEL. No.....

MOBILE

DECLARATION

I hereby solemnly and sincerely affirm that all the particulars stated by me in this Application Form are true and correct

PLACE

DATE

GUARDIAN'S SIGNATURE

CANDIDATE'S SIGNATURE

----- ✂ ----- ✂ ----- ✂ -----

For Office Use Only

Center name & address :

Date & Time :



ARYAWARTH CAREER HUB (P) LTD.