



# SATYAM CENTRE OF PROFESSIONAL EXCELLENCE (SCOPE)

(A unit of Sparsh Autotech Pvt. Ltd.)

(Automobile, Personality & Defence Training)

Address : D12/13, Madhu Vihar, Raja Puri, Opp. Sector 5, Dwarka, New Delhi-110075

Contact : 9205183001, Email : admin@scopeskill.in, Website : www.scopeskill.in

## Application Form

PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER IN OWN HANDWRITING.

COURSE:

Passport Size &  
Cross Signature  
on Photograph

### 1. STUDENT DETAILS:

FIRST NAME:

MIDDLE NAME:

SURNAME:

PHONE NO:

E-MAIL ID:

AADHAAR NO:

2. FATHER'S NAME:

3. MOTHER'S NAME:

4. GENDER:  MALE  FEMALE

6. DATE OF BIRTH (DD/MM/YYYY)

### 7. PERMANENT ADDRESS:

STREET .....P.O.....

City : .....District : .....

State:.....Pincode : .....

### 8. BROTHER/SISTER OF STUDENT:

	Name	Date Of Birth	Class in which studying
1			
2			
3			

### 9. EDUCATIONAL QUALIFICATIONS. (Attach Photo-copy of Marksheets)

ACADEMIC	NAME OF COURSE	UNIVERSITY/BOARD	SUBJECTS	YEAR OF PASSING	GRADE / %
SSC/X/Matric					
Higher Secondary / XII					
Graduation.					

#### Undertaking:

I hereby declare that all the statements made by me in the application form and information sheet are true.

Signature of Parent

Signature of Student

Date:

\*\*Please bring photocopy of Photo ID (PAN Card/ Driving Licence/ Voter iCard / Aadhaar No etc) and photographs at time of admission

Remarks (For Office Use only) : \_\_\_\_\_