

**RE- ADMISSION FORM
ACADEMIC YEAR – 200 - 200**

Mail completed form to: Udayan Care: 16/97A, 1st Floor, Vikram Vihar, Lajpat Nagar IV, N Delhi -110024
Tel. no. 26440151/46539272; email: usf@udayancare.org; website: www.udayancare.org

1. Name of the Applicant:

2. Batch No.: Year of Induction:

3. Date of Birth : Age:

4. Residence Address:

..... Pin code:

5. Telephone No (working).....

6. E-mail Id: (if no, please create your ID):.....

7. Academic Particulars:

(a) Class: Stream (Science/Commerce/Arts):

(b) Degree/Course (Academic / Vocational).....

(c) Name of the institution(School/College/Vocational Centre):.....

(d) Address of the institution:.....

..... Pin Code:

(d) Duration of the Course: Year of Completion:

(e) Estimated cost of the course/degree:.....

8. Academic Performance:

Class/Course/ Degree	Name of the School / College	Board/ University	Year	Result (%)	Distinction in any subject(s)

9. Family Profile:

S.No	Name	Age	Sex	Relationship to Beneficiary	Educational Qualification	Occupation	Average income/month

Please paste your recent photograph here

10. Any Other family income (Specify):.....

11. Assets owned by the family (Give Details)

A] Immovable property

i) House

ii) Shop

iii) Land

iv) Any other

B] Vehicle

i) Two wheeler

ii) Four wheeler

iii) Any other

C] Telephones

i) Land line

ii) Mobile/s

12. Specify the reason why should we re-consider/continue your fellowship?

Signature of the Student

Date: _____

Signature of the Guardian

Date: _____

Add Enclosures: Kindly attach mark sheet of last exam, passport size photograph & fee receipt.