Photo

GMR VARALAKSHMI FOUNDATION

CENTRE FOR EMPOWERMENT AND LIVELIHOODS

Shahabad Mohammadpur, Near IGI Airport Gate No-15,
New Delhi- 110061

L-1

☐ Security _____
☐ Page No_____
☐ Hosteller
☐ Day Scholar
☐ Aadhar Card
☐ Parent's Aadhar Card
☐ 10th ☐ 12th
☐ Graduation
☐ Vaccination
☐ PCC / Passport

ENROLMENT FORM-CUM-ENTRANCE TEST

COURSE NAME_____ Reg. No **GMRVF/CEL-D/2024-25/……**

FULL NAME (in Capital Letters) _____

Age: ____ Gender: Male / Female Date of Birth: DD/MM/YYYY

Category (Tick ✓)

Gen	SC	ST	OBC	Christ	Muslim	Others

Father's Name : _____ Mother's Name : _____

Father's Occupation : _____ Mother's Occupation : _____

Present Address : _____

_____

_____

Contact Number _____ Home Contact Number _____

Email ID_____ Aadhar No. _____

How do you know about this institution?

Awareness camp: ☐ Pamphlets: ☐ Social media (Website ☐ Instagram ☐ Facebook ☐ YouTube ☐)

NGO: (Mention their name) .... Friends or any other source: ....

FAMILY INFORMATION:

S. No.	Name of Your Family Member	Relation	Age	Working / Non-working	Salary

EDUCATIONAL DETAILS:

Education	Board / University	Subjects/ Stream	Percentage/Grade
Below 10th			
10th			
12th			
Graduation			

DECLARATION

I, hereby declare that all the information/statements made above are true, complete and correct to the best of my knowledge and belief. If they are found false or incorrect at any stage, my candidature is liable to be cancelled / terminated.

Date_____

Place_____ **(Signature of Applicant)**

FOR OFFICE USE ONLY

Topic	Reasoning (15)	General Science (15)	Maths (15)	English (30)	General Knowledge (25)	Total Marks (100)
Marks						

Exam Checked By (Name) ……

COUNSELLING CUM CONSENT SHEET, CEL-DELHI

Name of Students		
Education Details	10^{th} 12^{th} Bachelor ( )	
Date of Birth		Age -
Written Marks Obtained		
Knowledge of Computer		
Course Preference in order	1. 2.	
Over all behaviour	Poor Average Good V Good Excellent	
Performance in Counselling		
Family Details	Father:	
	Earning Members:	
	Other members:	
Observation and Comments of the Counsellor		
Final Status of Selection		

Date: **Name of the Counsellor**