

VENUE .....

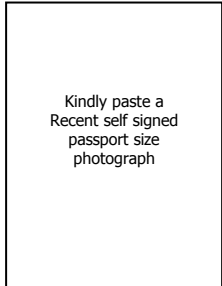
NO. SNC/16-17/ .....

**IMPORTANT:** Please note that the following documents need to be sent to the address at the end of the form along with the fees.

1. The following documents duly attested by a Gazetted Officer in support of your Academic / professional qualification and service experience.

- Bachelor's degree
- Work experience letter
- (Applicants who have Principal's permission will be given preference)

2. An extra attested copy of the attached photograph.



Name of the applicant: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_ Name of father/spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Educational qualification: starting from most recent.

Institution	Year	Board	Subject	Division

Work experience (if any):  
Starting from most recent. Please include any voluntary work done.

Institution	Year	Description

Why do you want to pursue this course? {Not more than 100 words}

---



---



---



---

If you are not contacted within one week of registration, please call on the numbers mentioned below.

**DECLARATION BY THE APPLICANT**

I hereby declare that all statements made in this application are true completed and correct to the best of my knowledge and belief. I understand that the event of any information being found false or incorrect of any stage my registration is liable to be cancelled.

FOR MORE INFORMATION, CONTACT US AT

**Orkids Foundation**  
16/7 , Kalkaji,  
New Delhi – 110019  
011-40529564 , 09811633346  
Email : info@orkidsped.com

\_\_\_\_\_  
Applicant's signature