

Foundation for Academic Excellence and Access - (FAEA)

C - 25, Qutab Institutional Area
New Mehrauli Road, New Delhi - 110 016.
Ph: 011 41689133, Fax: 41689133
Email: inquiry@faeaindia.org
URL: http://www.faea.in

Section A: Personal Details

1. Name	<input type="text"/>	Please affix latest Passport size photograph
2. Mailing Address	<input type="text"/>	
City Pincode State	<input type="text"/>	
3. Telephone (including STD code)	<input type="text"/>	Signature of Applicant
4. Fax (including STD code)	<input type="text"/>	
5. Email address	<input type="text"/>	
6. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY	

Section B : Social Background

8. Do you belong to	<input type="checkbox"/> Schedule Caste <input type="checkbox"/> Schedule Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/> None/General
9. If yes, specify Caste/Community	_____
10. Do you belong to a Religious Minority?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify _____
11. Do you have a physical or sensory disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify _____
12. Who was the first person to complete Matriculation (upto Class 10) in your immediate family	<input type="checkbox"/> You yourself <input type="checkbox"/> Elder Brother / sister <input type="checkbox"/> Father / mother <input type="checkbox"/> Grand-father / Grand - mother <input type="checkbox"/> Uncle/Aunt

13. Father / mother's education	Father	Mother	
	<input type="checkbox"/>	<input type="checkbox"/>	Not know
	<input type="checkbox"/>	<input type="checkbox"/>	Illiterate
	<input type="checkbox"/>	<input type="checkbox"/>	Primary (upto Class 4 or 5)
	<input type="checkbox"/>	<input type="checkbox"/>	Middle (5 to 7 or 8)
	<input type="checkbox"/>	<input type="checkbox"/>	Matriculation (8 to 10 or 9 to 10)
	<input type="checkbox"/>	<input type="checkbox"/>	Senior School (11 to 12)
	<input type="checkbox"/>	<input type="checkbox"/>	Graduation (BA, BSc or equivalent)
	<input type="checkbox"/>	<input type="checkbox"/>	Post Graduation (MA, MSC, LLB, MBBS, or equivalent)/graduation in a technical field.
	<input type="checkbox"/>	<input type="checkbox"/>	Doctoral or higher degree (OhD, MPhil, MD, or equivalent)
	professional LLM, MS,		
14. Father Occupation	_____		
15. Father's income (Rs. Per annum)	Rs.	_____	
16. Mother's Occupation	_____		
17. Mother's income (Rs. Per annum)	Rs.	_____	

Section C- Educational Background

18. Class XII School name ? (specify)	_____
19. Name of the Board (Class XII)? (specify)	_____
20. Which type of school did you study in?	<input type="checkbox"/> Government <input type="checkbox"/> Government Aided <input type="checkbox"/> Private
21. Name of the City/Town/ Village in which your class XII School was located?	_____
22. Class XII Medium of instruction?	<input type="checkbox"/> Hindi <input type="checkbox"/> English <input type="checkbox"/> Indian Language
23. Class XII – was it a residential (Boarding School)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Academic Background

24. Year of passing Class X	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
25. Class X Percentage	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %

26. Year of Passing Class XII	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
27. Class XII Subject? <input type="checkbox"/> Arts <input type="checkbox"/> Commerce <input type="checkbox"/> Science					
28. Class XII percentage?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %				
29. Propose Course of Study--	<input type="checkbox"/> Arts <input type="checkbox"/> Commerce <input type="checkbox"/> Science <input type="checkbox"/> Engineering <input type="checkbox"/> Medicine <input type="checkbox"/> Other (specify)				
30. Why do you want to join this course? (not more than 50 words) .					

31. Please provide (i) name, (ii) mailing address, (iii) telephone numbers, and (iv) email address of 3 references. 2 of them should be from academic background. (FAEA shall send the letter of reference directly to the referees). – **(Attach separate Sheet)**

I certify that the information furnished above is true to the best of my knowledge and belief and that I will provide documentary evidence to verify all the above information.

Date / /
(Day Month Year)

Signature of Applicant

The applicant may apply directly with valid documents to the address detailed below:

C – 25, Qutab Institutional Area
New Mehrauli Road, New Delhi – 110016
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