

RE- ADMISSION FORM
ACADEMIC YEAR – 20 - 20

Registration No.:

Mail completed form to:

Udayan Care (Head office): USF: 16/97A, 1st Floor, Vikram Vihar, Lajpat Nagar-IV, New Delhi - 110024;
Phone No. 011-46548105/06 & 46528547; 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) **Name of Course (BA/BSc/BCom/DIET/B.El. Ed etc):**

(c) **Name of Vocational Course (Computer etc):**

(d) **Name of the School/College/Vocational Centre:**.....

(e) **Address of the institution:**.....

..... **Pin Code** **Phone No.:**

(f) **Duration of the Course:** **Year of Completion:**

(g) **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 per 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.

Forms incomplete in any form will not be entertained, and your Fellowship will remain cancelled.