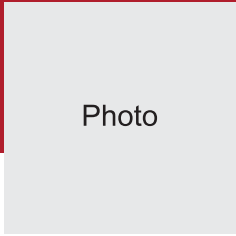




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Phone No.: 023-5-82174  
Mobile: 9842791954/9842620018  
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**ENTRANCE EXAMINATION FORM**

**APPLICANT'S INFORMATION**

Full Name			
Address			
Phone	E-mail		
Guardian's Name	Relation to you		
Phone	E-mail		

**EDUCATIONAL INFORMATION**

Degree Earned	Examination Board	Educational Institution	Percentage	Division	Passed Year
10+2					
S.L.C					

Applying for Scholarship Scheme?  Yes  No

If Yes, Name of the Scholarship scheme that you are applying to: \_\_\_\_\_

**N.B.:** Students are requested to bring one copy of all the documents – Academic & Character Certificates and other documents that support the scholarship claim.

I, hereby, would like to apply for the **Entrance Examination** conducted by **AC-GSM** to qualify for the admission in \_\_\_\_\_

Applicant's Signature : .....

Date : .....

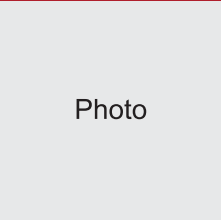


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**ENTRANCE EXAMINATION CARD**

**APPLICANT'S INFORMATION**

Full Name			
Address			
Phone	E-mail		



Entrance Examination for : \_\_\_\_\_ Entrance Date : \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_ Co-ordinator's Signature: \_\_\_\_\_