



UNIABROAD LTD.

STUDY ABROAD WITH UNIABROAD

Paste ONE unsigned
Recent color
photograph
White background

35mm x 45mm

Clip TWO photographs
attested at the back

Registration Form

App. No: _____

GUIDELINES

- Please ensure that the form duly filled in, signed and dated is returned back to our franchise.
- Please either type directly in this form using Microsoft Word or print out and complete the form in black ink in BLOCK CAPITALS.
- Please use separate sheet(s) to provide additional information quoting the section number and heading.
- Please complete this form accurately, giving as many details as possible
- ■ Please fill in the boxes like this wherever required.

1. PERSONAL PARTICULARS (AS IN PASSPORT)

<i>Title:</i>	<i>Surname:</i>	<i>First name:</i>	<i>Middle Name:</i>
<i>Date of Birth:</i>	<i>Place of Birth:</i>	<i>Sex:</i>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<i>N.I.C. No:</i>	<i>Marital Status:</i>	<i>Religion:</i>	

2. PASSPORT DETAILS

<i>Passport No.</i>	<i>Valid From (dd-mm-yy)</i>	<i>Valid Until (dd-mm-yy)</i>
<i>Place of Issue:</i>	<i>Date of Issue</i>	<i>Nationality / Status</i>

3. APPLICANT'S CONTACT DETAILS

<i>Telephone No's: please include full STD code</i>							
<i>Home:</i>		<i>Work:</i>					
<i>Mobile (optional):</i>		<i>Email address:</i>					
<i>Address</i>							
Present Address (for correspondence)		Permanent Address:					
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"><i>PIN Code:</i></td> </tr> </table>			<i>PIN Code:</i>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"><i>PIN Code:</i></td> </tr> </table>			<i>PIN Code:</i>
	<i>PIN Code:</i>						
	<i>PIN Code:</i>						
Overseas Address							
			<i>PIN Code:</i>				

Family Details				
Relation	Name	Nationality	Occupation	Annual Income
Father				
Mother				
Brother				
Spouse				

4. COURSE DETAILS

Please pick the course(s) you are applying for:

<input type="checkbox"/> MBA /	<input type="checkbox"/> MSC /	<input type="checkbox"/> BBA /	<input type="checkbox"/> BSC /	<input type="checkbox"/> MQP /	<input type="checkbox"/> ITQP/MS	<input type="checkbox"/> DF/BBA	<input type="checkbox"/> DF/BBC	<input type="checkbox"/> LLM
<input type="checkbox"/> ACP /	<input type="checkbox"/> IMIS /	<input type="checkbox"/> IMIS /	<input type="checkbox"/> Travel & Tourism /	<input type="checkbox"/> ACCA /	<input type="checkbox"/> ACCA /	<input type="checkbox"/> OTHERS /		

5. EDUCATION DETAILS

Please list all your educational qualifications. Start with the most recent one.

Name of school / college / university / training body	Course	Period of study		Grade / GPA / %age
		From	To	

6. PROFESSIONAL QUALIFICATION

Please list all your professional qualifications including certifications.

Title of Professional Qualification	Name of awarding body	Year of achievement	Comments

7. WORK EXPERIENCE

Give detailed information about your work experience, if any. Please use extra sheet, if required.

Name of Employer & Country	Position Held	Dates employment held		Contact Information
		From	To	
				E: T:
				E: T:
				E: T:
				E: T:

8. REFERENCES*Reference Details*

	Local (Other than family)	United Kingdom / Anyone
Name		
Address		
Phone Number		
Email Address		

9. FINANCIAL GURANTOR

Please tick the box(es) below which indicates who is going to pay for your education and your stay abroad.

SELF FAMILY EMPLOYER OTHER

9 (a). Particulars of the above.

SURNAME		FIRST NAME	
RELATIONSHIP			
ADDRESS			
TEL		MOB	
EMAIL		ANNUAL INCOME	
STATEMENT OF SPONSOR			
SIGNATURE OF SPONSOR		DATE OF ACCEPTANCE	

10. SUPPORTING STATEMENT

Please provide any further information which will support your application.

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11. ACCOMODATION

Do you need help in finding accomodation YES NO

12. STATEMENT OF PURPOSE

Give a statement of purpose as to why you should be selected for chosen course?

13. REGISTRATION CHARGES

Please find enclosed Bank Draft No. _____ dated _____ for Rs. 5,000/= Or equivalent amount in any other currency in favour of 'VSSV Consultants Private Limited' For my registration with you.

Applicant Signature: _____

Official Signature: _____

14. DOCUMENTS REQUIRED

Please make sure that the following documents are attached. Please get the documents attested from a gazetted officer. Incomplete applications will not be accepted.

- | | | |
|---|------------------------------|-----------------------------|
| One unsigned photograph affixed on the first page. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Two passport size photographs duly attested at the back. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Two attested photocopies of passport. (Note: Please do not send copy of an out dated passport) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Attested photocopies of all educational certificates. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Attested photocopy of letter of recommendation from educational institution. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Attested photocopy of character certificate. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Attested photocopy of IELTS certificate. Please ensure that your IELTS score is atleast 6.0 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Attested photocopy of bank statement of sponsor for a period of last 3 months. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Attested photocopy of sponsorship letter from sponsor. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Attested photocopy of bank draft. Original to be submitted to VSSV Consultants Private Limited. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

By signing below, you approve that all of the photocopies of documents mentioned in section 14 are attested from a gazetted officer and are attached.

Date: _____

Date: _____

Date: _____

Applicant Signature: _____

Guardian Signature: _____

For office use only

15. DECLARATION FORM

I certify that the information provided is accurate to the best of my knowledge.

Applicant:

Date:

Guardian:

Date:

Sponsor:

Date:

Thank you for completing the form. Please return the form to our franchise.

Registered Office

VSSV Consultants Private Limited
EG – 19, Ashiana Gardens, Bhiwadi, Distt. Alwar,
Rajasthan – 301018

Tel: +91 (0) 1493 – 510 553

+91 (0) 1493 – 230 244

Fax: +91 (0) 1493 – 510 396

16. FOR OFFICE USE ONLY

I _____, approve the followings that;

Application is filled in by the applicant and signed in where required by applicant, sponsor and an official from VSSV Consultants Private Limited who is: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have verified all the original and attested photocopies of the original documents which are attached in this application.	<input type="checkbox"/> YES <input type="checkbox"/> NO
The application is completed and it is been checked thoroughly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
The bank draft is received from the applicant and its bank draft number is mentioned in section 13 which is _____, dated _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICATION NO: _____	

Signature:

Date: