

# TECNIA INSTITUTE OF ADVANCED STUDIES- CDL

Centre for Distance Learning Approved by UGC-DEB & AICTE



Date: \_\_\_\_\_

## ENQUIRY FORM

Name of the Student: \_\_\_\_\_

Course Applied for \_\_\_\_\_

Father's Name & Occupation: \_\_\_\_\_

Mother's Name & Occupation: \_\_\_\_\_

Address for Communication \_\_\_\_\_

\_\_\_\_\_ Pin Code:

Mobile No :  E mail: \_\_\_\_\_

Qualifications:

Sl.No.	Qualification	Board/ University	Year of Passing	Stream	Percentage %
1.					
2.					
3.					

Work Experience, if any: (Total: \_\_\_\_\_ years \_\_\_\_\_ months.)

Sl. No. (From current to previous)	Company/ Organisation	From month/year	To month/year	Profile
1.				
2.				
3.				

(Signature of the Student)

Remarks, if any : \_\_\_\_\_

(Signature of the Counselor)