

# The ICFAI University, Himachal Pradesh

## PERSONAL INFORMATION FORM

<b>PROGRAM:</b>	<b>DEPARTMENT/FACULTY:</b>
<b>1 Name of the Candidate</b> (Use Capital letters only) [ As it appears in the School Leaving Certificate)	
<input style="width: 100%; height: 20px;" type="text"/>	
Enrollment No. <input style="width: 200px; height: 20px;" type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Latest Passport Size  
Photograph of the  
Student to be affixed

<b>2 Personal Details</b> (Use Capital letters only)			
Date of Birth	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/>	Blood Group	<input style="width: 20px; height: 20px;" type="text"/>
	<small>DAY          MONTH          YEAR</small>		<small>Mobile</small> <input style="width: 60px; height: 20px;" type="text"/>
E mail ID	<input style="width: 100%; height: 20px;" type="text"/>		
Parent's Name: FATHER	<input style="width: 100%; height: 20px;" type="text"/>		
MOTHER	<input style="width: 100%; height: 20px;" type="text"/>		
Mobile(Father)	<input style="width: 60px; height: 20px;" type="text"/>	Mobile(Mother)	<input style="width: 60px; height: 20px;" type="text"/>
		Nationality	<input style="width: 40px; height: 20px;" type="text"/>
Mailing Address	<input style="width: 100%; height: 20px;" type="text"/>		
	<input style="width: 100%; height: 20px;" type="text"/>		
	<input style="width: 100%; height: 20px;" type="text"/>		
<small>City</small>	<small>State</small>	<small>PIN</small>	
Permanent Address	<input style="width: 100%; height: 20px;" type="text"/>		
	<input style="width: 100%; height: 20px;" type="text"/>		
	<input style="width: 100%; height: 20px;" type="text"/>		
<small>City</small>	<small>State</small>	<small>PIN</small>	

<b>3 Academic Record: School/College/University</b>						
Examination/ Class	Name of the School / College/University	Name of City and State	Board*/University	Medium of Instruction	Year of Passing	% of Marks Obtained
X						
XII*						
Diploma						

\* Indicate State Board/CBSE/University,etc. with the proper document.

#### 4 Family Background

a. No. of Brothers:

No. of Sisters:

b. Parents

Category

FATHER	
Name	<input type="text"/>
Qualification	<input type="text"/>
Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Others (Please specify) <input type="text"/>
Designation	<input type="text"/>
Annual Salary/Income	<input type="text"/>
Organization & Address	<input type="text"/> <input type="text"/> City <input type="text"/> PIN <input type="text"/> Ph(O) <input type="text"/> Mobile <input type="text"/> Personal E mail: <input type="text"/> Company Website: <input type="text"/>

MOTHER	
Name	<input type="text"/>
Qualification	<input type="text"/>
Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Others (Please specify) <input type="text"/>
Designation	<input type="text"/>
Annual Salary/Income	<input type="text"/>
Organization & Address	<input type="text"/> <input type="text"/> City <input type="text"/> PIN <input type="text"/> Ph(O) <input type="text"/> Mobile <input type="text"/> Personal E mail: <input type="text"/> Company Website: <input type="text"/>

c. Total Family Income (per Annum)      Below Rs. 3 Lakhs       Rs. 3 - 5 Lakhs       Above Rs. 5 Lakhs

Place :

Student's Signatures :

Date :

Name :