

Enquiry Form

Sr. No.: _____ Date: _____

Student Name: _____ S/o, D/o, W/o: _____

Contact No.: _____ Email ID: _____

Permanent Address:

Education Qualification:

Graduation Date: _____ Marks Obtained: _____

Program / Course Name & which country you are interested (Switzerland, UK, Italy, USA):

Detail of Relatives in Foreign:

Father Occupation: _____ Father Income: _____

Sponsor Name: _____ Occupation of Sponsor: _____

Future Plan:

Previous Visa Refusals: _____ Country: _____ Visa Type: _____

Student Signature: _____

Counselor Remarks:

Counselor Signature: _____