

SHRIRAM AUTOMALL INDIA LIMITED
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Email : contact@samil.in, Website : www.samil.in

APPLICATION FORM

Photo
of
the
student

1. Name of the student :
2. Date of Birth :
3. Gender :
4. Class+School :
5. Address+ Ph. No. (MOBILE) :
6. Parent's Details :

S.No	Name	Age	Relationship with the student	Qualification	Occupation	Monthly Income

7. Name of the Transport Company, if parent is in service (Driver):

8. Vehicle details, if parent is the owner

Vehicle Reg Number : Make : Model :

9. Has the child discontinued studies at any time : If yes, reason:

10. Parent's consent for accepting support : YES / NO

11. Certificates Enclosed : a) Bonafide Certificate b) Recent Progress Card
c) Copy of Driving Licence d) Copy of R C Book e) Ration Card/ Aadhar card of Parent

I HEREBY DECLARE THAT ALL THE INFORMATION STATED ABOVE IS TRUE & CORRECT IN ALL RESPECTS.

Signature of the parent

Signature of the Automall Manager

Name:

Name: