**Annexure 1**

**Application form for startup at COEP**

(To be filled after getting approval from the review committee)

|  |  |  |
| --- | --- | --- |
| Name: | Passport size photograph (3inch\*4inch with white background) | |
| Department: MIS Number:  Class: FY/SY/TY/Final  Level: UG/PG/PhD |  | |
| Date of Birth: | Gender: | Nationality: |
| Aadhar Card No : |  | Pan card No: |
| Present Address: |  |  |
| Permanent address: |  |  |
| Mobile No: Email ID: | | |

Educational qualification:

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Board/University | Year of passing | % marks |
| S.S.C |  |  |  |
| H.S.C |  |  |  |
| Certifications |  |  |  |
| Skill set |  |  |  |

Parents details:

Name of the parents:

Full Address:

Contact number:

Family annual income:

Signature of the students with name and date.

Signature of the faculty advisor/mentor Signature of the Head of the Department