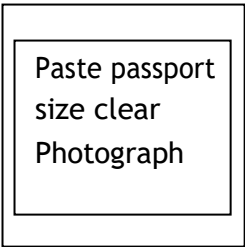


**K. K. WAGH EDUCATION SOCIETY'S**  
**K. K. WAGH COLLEGE OF AGRICULTURE**  
**SARASWATINAGAR, PANCHAVATI, NASHIK-422003**

**\*COUNSELLING FORM\***

**STUDENT INFORMATION**



**NAME OF STUDENT (FULL NAME):** .....

**DATE OF BIRTH** : .....

**PLACE OF BIRTH** : .....

**CATEGORY** : .....

**RELIGION** : .....

**CASTE** : .....

**SUB-CASTE** : .....

**EMAIL ADDRESS** : .....

**MOBILE NUMBER** : .....

: .....

**NAME AS PER**

**LEAVING CERTIFICATE:** : .....

**PERMANENT ADDRESS**      **STREET -**.....

**WITH PIN CODE**      **AT/P.-**..... **TAL-**.....

**DIST -**.....

**PIN -** .....

**CORRESPONDANCE** : .....

**ADDRESS** : .....

**WITH PIN CODE** : .....

: .....

**FATHER/GUARDIAN NAME (Full Name):** .....

**OCCUPATION** : .....

**ANNUAL INCOME** : .....

**MOTHER NAME (Full Name)** : .....

**OCCUPATION** : .....

**ANNUAL INCOME** : .....

**RELATIVE/GUARDIANS** : .....

**FROM NASHIK CITY** : .....

**(NAME AND ADDRESS)** : .....

**CONTACT NUMBER** : .....

**FAMILY BACKGROUND** :

SR. NO.	NAME	RELATION WITH STUDENT	EDUCATION	OCCUPATION	BLOOD GROUP	CONTACT NO.	E-MAIL ID

**ACADEMIC PERFORMANCE** :

SR. NO.	STANDARD	EDUCATIONAL INSTITUTE	BOARD	YEAR OF PASSING	PERCENTAGE
1.					
2.					
3.					

**PERSONAL INFORMATION OF STUDENT:**

**AIMS** : .....

**OBJECTIVES** : .....

**FUTURE PLAN** : .....

**HEIGHT** : .....cm, **WEIGHT:**.....Kg.

**BLOOD GROUP** : .....

**ALLERGY FROM** : .....

**HEALTH PROBLEMS** : .....

**ANY SURGERY IN PAST** : .....

**FAMILY DOCTOR** : .....

**NAME** :.....

**CONTACT NO.** :.....

**HOBBIES** :.....

**AREAS OF INTEREST** :.....

**AADHAR CARD NO.** :.....

**PAN CARD NO.** :.....

**BANK DETAILS:**

<b>PARTICULARS</b>	<b>DETAILS</b>
<b>NAME OF BANK</b>	
<b>BRANCH</b>	
<b>NAME OF ACCOUNT HOLDER</b>	
<b>ACCOUNT NUMBER</b>	
<b>IFSC CODE</b>	

**NAME OF COUNSELLOR**

**SIGNATURE OF STUDENT**

( )