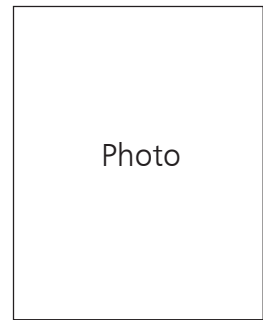




DATA
DE SALES ACADEMY FOR TALENT ASSISTANCE

SFS Vidyashram Campus, Desom West, Aluva - 683 102



APPLICATION FORM

Name of the Applicant : _____

Age : _____ Gender M F Occupation : _____

Date of Birth :

Education : _____

Address for Communication : _____

City _____ Pin _____ State _____

Permanent Address : _____

City _____ Pin _____ State _____

Mobile Number : Landline : _____

E-mail : _____

Course Chosen for Learning : _____

Name of the Parent / Guardian : _____

Profession : _____ Education _____

Mobile Number : Landline : _____

Only for Priests & Religious

Name of the Major Superior _____

Congregation / Diocese _____

Mobile Number : Landline : _____

Declaration : I hereby declare that the above given informations are true and correct.

Signature of the Parent :

Signature of the Student :