

Date:

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info@ignitedminds.org.in

SPONSORSHIP REQUEST FORM

APPLICAN [*]	Γ PERSONAL	INFORMATION		
Full Name of Stu	ı dent (As per verif	iable documents)		
Full Name of Ap	plicant (As per ve	rifiable documents, if not	being applied by student themselves)	
Relationship of A	Applicant with Stu	dent		
Self	Parent	Legal Guardian	Other (Please Specify):	
Nationality Address	G	ender Male Female		e of Birth
State		City	PIN Cod	e
Phone Number		Em	ail Address	
CURRENT E	NROLLED CO	OURSE DETAILS		
Course Name				

I have no objection to my photograph and/or personal details being used on the website or any other website that supports or promotes, marketing material, brochures, socialmedia, conferences, books or any other medium in paper, online or otherwise.

Date of Admission (DD/MM/YYYY)

Fee Payment Frequency

Applicant Signature

Last Achieved Qualification

Total Course Fee

Course Duration (in months)

Fee Amount (Per Installment)