Registration Form

For ESAD Members
(Family members of Students of Class XII)

1. **Personal Information**
- Full Name of the Participant:.....
- Date of Birth: *DD / MM / YYYY*
- Gender: Male / Female
- Blood Group:.....

2. **Contact Information**
- Mobile Number (Participant): .....
- WhatsApp Number: .....
- Email Address: .....
- Present Address: .....

3. **Academic Information**
- School / College Name: .....
- Current Class: XII
- Section / Roll No:.....
- Group: Science / Business Studies / Humanities / .....
- SSC Result (GPA):.....

4. **Career Interest**:- Interested Career Field: (Tick one or more)
[ ] Armed Forces/ BAAF/ ISSB
[ ] Medical / Health Sciences
[ ] Banking & CA
[ ] Engineering / Technology
[ ] Business / BBA / Finance
[ ] Law
[ ] Study Abroad
[ ] Civil Service / Govt. Job
[ ] Others: _____

- **Specific Question / Topic You Want Guidance On:**

.....

5. **ESAD related info:**

- Are you an ESAD Member's Family Member? Yes / No
- If Yes, Name of ESAD Member:.....
- Relationship with ESAD Member: (Family means Son / Daughter / Brother / Sister / Grandchildren)
- ESAD Membership ID:.....

6. **Declaration**

I hereby confirm that the information provided above is true and correct. I agree to abide by the rules and regulations of the ESAD Education & Career Roadmap 2026 program.

Signature of Participant:

_____

Signature of Parent / Teacher: _____

Date: _____

For Office Use Only

Registration No:..... | Received By: ..... | Payment / Fee: .....