

4. Academic Qualifications

Sl. No	Examination	Name of the Institution	Name of the University / Board	State	Percentage Scored Year / Semester	Year of Passing	Mode of Study	Main Subjects																		
1.	X Class						<input type="checkbox"/> Full-Time																			
2.	XII Class						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Correspondence																			
3.	Name of the Degree (Graduation)				<table border="1"> <tr> <td>I</td> <td></td> </tr> <tr> <td>II</td> <td></td> </tr> <tr> <td>III</td> <td></td> </tr> <tr> <td>IV</td> <td></td> </tr> <tr> <td>V</td> <td></td> </tr> <tr> <td>VI</td> <td></td> </tr> <tr> <td>VII</td> <td></td> </tr> <tr> <td>VIII</td> <td></td> </tr> <tr> <td>Aggregate</td> <td></td> </tr> </table>	I		II		III		IV		V		VI		VII		VIII		Aggregate			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Correspondence	
I																										
II																										
III																										
IV																										
V																										
VI																										
VII																										
VIII																										
Aggregate																										
4.	PG Qualification (if any)						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Correspondence																			
5.	Other Professional Qualifications (if any)						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Correspondence																			

