



MKG-FM-004 Pre-Screening of the Applicant Form

Name of the Applicant:	
Date of Birth:	
Applicant's Nationality:	
Name of the Course the applicant is applying in AIST:	
Education Background:	
Year 10 or Equivalent:	
Passing Year:	
Total Marks Obtained / Out of Marks:	
Percentage:	
Examination Board (State Board/CBSE/High School)	
Year 12 or Equivalent:	
Passing Year:	
Total Marks Obtained / Out of Marks:	
Percentage:	
Examination Board (State Board/CBSE/Higher Secondary)	



Bachelor Degree or Equivalent: (This qualification is mandatory if the applicant is applying for Graduate Diploma)

Passing Year:	
Total Marks Obtained / Out of Marks:	
Percentage:	
Examination Board (University / Distance Learning)	

IELTS/PTE Score or Equivalent English Requirement Course:

Name of the Test:	
Test Date:	
Each Band Score: (Listening / Reading / Writing / Speaking)	
Overall Band Score:	

Education Gap: (If Any) Please provide us with the reason and evidence to it. (Do not apply if the Gap is more than 1 year for any Diploma Course)



<p>Sponsor Details:</p> <p>1. Name of the sponsor:</p> <p>Relationship with the Applicant:</p> <p>Annual Income:</p> <p>2. Name of the sponsor:</p> <p>Relationship with the Applicant:</p> <p>Annual Income:</p> <p>(Please make sure that the funds should be old than 6 months only)</p>	
Date:	
Name & Signature of the Applicant / Agent:	