



CELTIC SOCCER ACADEMY

INTERNATIONAL PARTNER



APPLICATION FORM

STUDENT'S NAME: _____

CLASS IN WHICH ADMISSION IS SOUGHT: _____

DATE OF BIRTH PROOF: PASSPORT BIRTH CERTIFICATE AADHAR CARD

DATE OF BIRTH: ____/____/____

COUNTRY OF BIRTH: _____ NATIONALITY: _____

STATUS: RESIDENT INDIAN NRI FOREIGNER

FATHER'S NAME: _____

FATHER'S / GUARDIAN'S EDUCATIONAL QUALIFICATION: _____

FATHER'S / GUARDIAN'S OCCUPATION: _____

FATHER'S / GUARDIAN'S ANNUAL INCOME: _____

MOTHER'S NAME: _____

MOTHER'S EDUCATIONAL QUALIFICATION: _____

MOTHER'S OCCUPATION: _____

MOTHER'S ANNUAL INCOME: _____

RELIGION: _____

MOBILE NO: _____ EMAIL ID: _____

RESIDENCE'S ADDRESS: _____

RESIDENCE TELEPHONE NO: _____

OFFICE'S ADDRESS: _____

OFFICE'S TELEPHONE NO: _____

NAME OF SCHOOL ATTENDED PREVIOUSLY WITH CLASS: _____

PREVIOUS FOOTBALL EXPERIENCE (IF ANY): _____

SIGNATURE OF: FATHER MOTHER GUARDIAN

DATE: ____/____/____ _____