



Scholastic Test for Analysis and Reward

Current Class			Medium
<input type="checkbox"/> Class -8 th	<input type="checkbox"/> Class -9 th	<input type="checkbox"/> Class -10 th	<input type="checkbox"/> English
<input type="checkbox"/> Class 11 th	<input type="checkbox"/> PCM <input type="checkbox"/> PCB	<input type="checkbox"/> Class 12 th	<input type="checkbox"/> Hindi

Have you joined any other course at Career Point in current or previous session? If yes, give CP Roll No.

Test Date : 09th Sep 30th Sep 07th Oct 28th Oct _____

Test Centre Preferences: 1st Choice

Visit our website for list of test centres 2nd Choice

PERSONAL INFORMATION [In Block Letters]

Full Name

Father's/Guardian's

Permanent Address

City District

State Pin Male Female

Mobile Number (Father) Mobile No. (Mother) In case of change of Mob. No. Please updated it at info@cpil.in

E-mail Address

Date of Birth

ACADEMIC DETAILS

Previous Class	Board [CBSE/ICSE/ISC/State Board]	Year of Passing	Subject	Max Marks	Max Obtained	%age Marks	%age Sci.+Maths
			Science				
			Maths/Bio				

ADMIT CARD



Roll No:
(write from OMR Sheet)

Latest passport size Photograph

Name _____

School / Test Centre _____

Class _____ Exam Date _____ Exam Time _____

NAME & ADDRESS OF SCHOOL [In Block Letters]School Name Board Principal's Name Mobile Number (1) (2) Coordinator's Name Address
City District State Pin E-mail Address **EXAM FEE DETAIL**

Form Type: <input type="checkbox"/> Direct <input type="checkbox"/> Recommended by School	
Receipt No.:	Bank Name:
Cash/DD No.:	Amount:

DECLARATION

1. I have read the Rules & Regulations of the CP STAR as mentioned in the booklet and understood the content fully. I agree to abide by them.
2. I declare that all the information furnished in this application form is correct to the best of my knowledge. I understand that in the event of any information found to be incorrect or false, my participation may be cancelled without refund of fee.
3. All disputes related to CP STAR are subjected to Kota jurisdiction only.

Signature (Father/Guardian) | Date:_____
Signature (Student) | Date: