

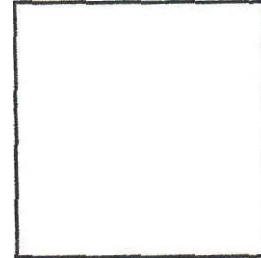
SAL SCHOOL OF ARCHITECTURE  
MASTERS IN INTERIOR ARCHITECTURE

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APPLICATION FORM NO. : \_\_\_\_\_ APPLICATION FORM : 20J 9-2020

PERSONAL DETAILS

Full Name \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Father's Name : \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_  
Category \_\_\_\_\_



CONTACT DETAILS

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Landline No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Email \_\_\_\_\_

EMERGENCY CONTACT DETAILS

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Landline No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Email \_\_\_\_\_

EDUCATION

AC&OEgIC R&C0R0 : (List of secondary Schools/Colleges you have attended. Please start with most recent.)

Degree Name : \_\_\_\_\_  
University / Institution : \_\_\_\_\_  
Grade / CPI & CGPA / Percentage: \_\_\_\_\_  
Year of Passing: \_\_\_\_\_

Degree Name : \_\_\_\_\_  
University / Institution : \_\_\_\_\_  
Grade / CPI & CGPA / Percentage: \_\_\_\_\_  
Year of Passing: \_\_\_\_\_

WORK EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



