



# Aspiring Life Consultants Pvt. Ltd.

## DOCUMENT RECEIPT FORM

Date: \_\_\_\_\_

1. Name of the applicant(Block Letter) :

2. Father's name :

3. Mother's name :

4. Mobile no :

5. Email id :

Particulars	Original	Photocopy(04 Sets Each With Self-Attestation in Blue Ink)
1. NEET Score Certificate	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
2. Class-X Admit Card	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
3. Class-X Marksheet	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
4. Class-X Pass Certificate	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
5. Class-XI Marksheet	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
6. Class-XII Admit Card	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
7. Class-XII Marksheet	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
8. Class-XII Pass Certificate	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
9. School Leaving Certificate For Bihar Board & Tamilnadu Board Students	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
10. OBC/ SC/ ST Certificates	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
11. Passport Size (80% Face) White Background Colored Photographes(20 Pieces)	Yes <input type="checkbox"/> NO <input type="checkbox"/>	X
12. Passport	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
13. Police Clearance Certificate	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
14. Physical Examination Form With Medical Reports(Ukraine/China)	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>

Received With Thanks

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CHAITALI SENGUPTA / MANISH JAISWAL