App. No. SS-SET _____

STEPPING STONE GROUP

(A UNIT OF SSONE EDU-AID SOLUTIONS PVT. LTD.)

A Kingdom of Education

SCHOLARSHIP ELIGIBILITY TEST

Affix a
Recent
Passport
Size
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Photograph

Course you are willing to pursue :

ENGINEERING
☐ Diploma Engineering / Polytechnic
☐ B. Tech / B. E
☐ M. Tech

NURSING
☐ G. N. M Nursing
☐ B. Sc. Nursing
☐ Post Basic B. Sc. Nursing
☐ M. Sc. Nursing

PHARMACY
☐ D. Pharma
☐ B. Pharma
☐ M. Pharma
☐ Pharma-D

MANAGEMENT
☐ BBA / BBM
☐ BCA
☐ Hotel / Hospitality Management
☐ Travel & Tourism Management
☐ Hospitality / Health Care Management
☐ MBA / PGDM
☐ MHA / PGDHM
☐ MCA / MCM

LAW
☐ B. A- LLB
☐ B.B.A- LLB
☐ LLB
☐ LLM

PARAMEDICAL
☐ Physiotherapy
☐ Optometry and Vision Science
☐ Medical Lab Technology
☐ Radiology and Imaging
   Technology

ALLIED SCIENCE
☐ Agriculture
☐ Forestry
☐ Bio-Technology
☐ Micro-Biology

MEDICAL
☐ MD, MS
☐ MBBS, BDS, BAMS, BHMS

Please mention your course if it is not listed above : ....
....

Details of Entrance Exams :

UG : JEE/COMEDK/WBJEE/ NEET/CET PG : CAT / MAT / CET	Enrolment Number	Registration Number	Marks / Percentile	Rank
1.				
2.				
3.				
4.				

PERSONAL DETAILS :

Name of the Applicant _____

Date of Birth _____dd_____mm_____yy   Gender   □ M □ F   Category □ Gen □ ST □ SC □ OBC

Phone _____ Whatsapp No. _____ E-Mail _____

Father's Name _____ Mother's Name _____

Guardian's Mobile No. _____ Permanent Address _____

_____ City _____ State _____ Pin _____

Annual Family Income   □ Below Rs. 4,00,000/-   □ Rs. 4,00,000 - Rs. 8,00,000/-   □ above Rs. 8,00,000/-

EDUCATIONAL BACKGROUND :

Degree / Diploma Certificate	School / College	Board / University	Major Subjects	Year of Passing	% of Marks
Class Xth					
Class XIIth					
Graduation					
Others					

: Declaration :

I hereby declare that the information provided by me is true and best to my knowledge and subject to verification by College Connect Management

Date _____dd_____mm_____yy

_____
Signature of the Applicant

For Office Use Only :

1. Date of SS-SET _____dd_____mm_____yy

2. Registration fee Paid :   YES   NO

3. Exam Center _____

4. Marks Obtained _____

5. Scholarship Eligible for Course _____

6. Date Allotted for Counseling ____dd____mm_____yy

Date _____dd_____mm_____yy

Place _____

_____
Signature of the Academic Counselor