



Basic Information

| | | | |
|--------------|---|-------------------------|---|
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Phone Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date Of Birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Email | <input type="text"/> | Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| Gender | <input type="checkbox"/> Male Groom <input type="checkbox"/> Female Bride | (IF) Number of Children | <input type="text"/> |
| On Behalf | <input type="checkbox"/> Self <input type="checkbox"/> Others | <input type="text"/> | |

Present Address

| | | | |
|-------------|----------------------|-----------------|----------------------|
| Address | <input type="text"/> | | |
| City | <input type="text"/> | State & Country | <input type="text"/> |
| Postal Code | <input type="text"/> | | |

Permanent Address

| | | | |
|-------------|----------------------|-----------------|----------------------|
| Address | <input type="text"/> | | |
| City | <input type="text"/> | State & Country | <input type="text"/> |
| Postal Code | <input type="text"/> | | |

Education

| | | | |
|-------------|---|-----|---|
| Degree | <input type="text"/> | | |
| Institution | <input type="text"/> | | |
| Start | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | End | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Status | <input type="text"/> | | |

Career

| | | | |
|-------------|---|-----|---|
| Company | <input type="text"/> | | |
| Designation | <input type="text"/> | | |
| Start | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | End | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Status | <input type="text"/> | | |

Physical Attributes

| | | | | | |
|------------|----------------------|-------------|----------------------|-------------|----------------------|
| Height | <input type="text"/> | Weight | <input type="text"/> | Blood Group | <input type="text"/> |
| Eye Colour | <input type="text"/> | Hair Colour | <input type="text"/> | Complexion | <input type="text"/> |
| Body Type | <input type="text"/> | Body Art | <input type="text"/> | Disability | <input type="text"/> |

Language

| | |
|-----------------|----------------------|
| Mother Tongue | <input type="text"/> |
| Known Languages | <input type="text"/> |
| | <input type="text"/> |

Personal Attitude & Behaviour

| | | | |
|-----------------|----------------------|----------------|----------------------|
| Affection | <input type="text"/> | Humour | <input type="text"/> |
| Political Views | <input type="text"/> | Religious View | <input type="text"/> |
| Other | <input type="text"/> | | |

Residency Information

| | | | |
|---------------|----------------------|--------------------|----------------------|
| Birth Country | <input type="text"/> | Residency Country | <input type="text"/> |
| Grow Country | <input type="text"/> | Immigration Status | <input type="text"/> |

Attach your maxi size recent photo & National ID along with this application

Hobbies & Interest

| | | | |
|----------|----------------------|--------------|----------------------|
| Hobbies | <input type="text"/> | Interests | <input type="text"/> |
| Music | <input type="text"/> | Books | <input type="text"/> |
| Movies | <input type="text"/> | TV Shows | <input type="text"/> |
| Sports | <input type="text"/> | Fitness | <input type="text"/> |
| Cuisines | <input type="text"/> | Dress Styles | <input type="text"/> |

Spiritual & Social Background

| | | | | | |
|-----------------|----------------------|-----------|----------------------|--------------|----------------------|
| Personal Value | <input type="text"/> | Cast | <input type="text"/> | Sub Cast | <input type="text"/> |
| Community Value | <input type="text"/> | Ethnicity | <input type="text"/> | Family Value | <input type="text"/> |
| Converted | <input type="text"/> | | | | |

Life Style

| | | | | | |
|------|---------------------------------------|-------|---------------------------------------|--------|----------------------|
| Diet | <input type="text" value="Yes / No"/> | Smoke | <input type="text" value="Yes / No"/> | Others | <input type="text"/> |
|------|---------------------------------------|-------|---------------------------------------|--------|----------------------|

Family Information

| | | | |
|---------|----------------------|--------|----------------------|
| Father | <input type="text"/> | Mother | <input type="text"/> |
| Sibling | <input type="text"/> | | |

Partner Expectation

| | | | |
|--------------------|---|---------------------|---|
| General | <input type="text"/> | Residence Country | <input type="text"/> |
| Height | <input type="text"/> | Weight | <input type="text"/> |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | Children Acceptable | <input type="text" value="Yes / No"/> |
| Caste | <input type="text"/> | Sub Caste | <input type="text"/> |
| Converted | <input type="text" value="Yes / No"/> | Language | <input type="text"/> |
| Education | <input type="text"/> | Profession | <input type="text"/> |
| Smoking Acceptable | <input type="text" value="Yes / No"/> | Body Type | <input type="text" value="Lean / Medium / Over"/> |
| Diet | <input type="text"/> | Personal Value | <input type="text"/> |
| Preferred Country | <input type="text"/> | Family Value | <input type="text"/> |
| Preferred State | <input type="text"/> | Complexion | <input type="text"/> |

Applicant Consent

| | | |
|--|-----------|----------------------|
| The above information is mentioned on behalf of | Name | <input type="text"/> |
| myself / parents / guardians or true to my knowledge | Signature | <input type="text"/> |

Office Use Only

| | | | | | |
|------------|----------------------|----------|----------------------|-----------------|---------------------------------------|
| Branch ID | <input type="text"/> | Staff ID | <input type="text"/> | Zone ID | <input type="text"/> |
| Staff Name | <input type="text"/> | | | Branch Approved | <input type="text" value="Yes / No"/> |

Branch Manager Signature

Zonal Head Signature

Authorised Seal & Signature