



# CANDIDATE APPLICATION FORM

**Version 1.0**

Welcome to your first step for applying to Germany.

You have to pay One-time Registration fee of INR 1100/-

Please note

- The form has to be filled in **CAPITAL LETTERS** & clearly.
- Fields marked with asterisk “\*” are mandatory.
- Please download the Self-Declaration & Payment Details form from download section of the site as it needs to be uploaded along with registration details.

**Corporate & Head Office**

+91 98361 06004  
+91 95010 66005

7/1C, Hazra Road, Flat No.1B,  
1st Floor, Edcon Swastika  
Building, Kolkata - 700026,  
West Bengal, India

**Sales Office**

Amritsar  
+91 95010 66001  
+91 95010 66002

Bhubaneswar  
+91 93375 11598  
Mumbai  
+91 98309 49594



## German Language Course

Complete the information below. Please fill in **CAPITAL Letters** only.

Personal Details	
First Name*	Last Name*
<input type="text"/>	<input type="text"/>
Father's Name*	Student Aadhaar Number*
<input type="text"/>	<input type="text"/>
Mother's Name*	Passport Number
<input type="text"/>	<input type="text"/>
Permanent Address*	Passport Validity
<input type="text"/>	<input type="text"/>
City/State/Pin*	Passport Place of Issue
<input type="text"/>	<input type="text"/>
Country of Residence*	Phone [Home]*
<input type="text"/>	<input type="text"/>
Local Address [if different than above]	Phone [Mobile]*
<input type="text"/>	<input type="text"/>
City/State/Pin	eMail*
<input type="text"/>	<input type="text"/>
Emergency Contact Name*	Birth Date [MM/DD/YYYY]*
<input type="text"/>	<input type="text"/>
Emergency Contact Phone*	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
<input type="text"/>	

Name, address & contact number of any person/relative/friend living in Germany in case of emergency.

Name	Contact Number
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Relation	
<input type="text"/>	

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Proficiency in English			
<input type="checkbox"/> High	<input type="checkbox"/> Mid	<input type="checkbox"/> Low	<input type="checkbox"/> None

Proficiency in German			
<input type="checkbox"/> High	<input type="checkbox"/> Mid	<input type="checkbox"/> Low	<input type="checkbox"/> None

Course of Interest	
<input type="checkbox"/>	Hospitality
<input type="checkbox"/>	Hotels
<input type="checkbox"/>	Healthcare
<input type="checkbox"/>	Nurses
<input type="checkbox"/>	Physiotherapist
<input type="checkbox"/>	Engineer IT / SAP

**How did you find out about WBS?**

Source of Information	Specify
<input type="checkbox"/> Newspaper / Magazine	
<input type="checkbox"/> Fair / Event	
<input type="checkbox"/> Online Platform	
<input type="checkbox"/> Social Media (e.g. Facebook, Twitter, etc)	
<input type="checkbox"/> Recommendation from former participants	
<input type="checkbox"/> Google Search	
<input type="checkbox"/> WBS Homepage	
<input type="checkbox"/> Friends & Family	
<input type="checkbox"/> Business Associates	
<input type="checkbox"/> Others	

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## Academic / Professional Course Details

Course	Year	Grade	Stream	Board / University

## Documents to be Sent

- + Self-Declaration
- + Payment Details
- + Birth Certificate (English)
- + Latest CV / Resume (English)
- + High School Mark sheet 10<sup>th</sup> Class
- + High School Mark Sheet 12<sup>th</sup> Class
- + Passport Copy (English) – Front & Back Page (having details)

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# AARYAN PATHWAY

BUILDING CAREERS AHEAD

**Data Protection Notice**

*The submission of the prospect profile is without obligation and services to check the admission requirements. The Data provided is collected, processed and used by us in compliance with the legal data protection regulations. Your data will be stored for a period of 12 months.*

I agree that Aaryan Pathway will contact me in order to inform me about offers of professional or personal further qualification, advancement training and / or application coaching and to advise me precisely if necessary. The use of my data remains limited to this purpose only. The data will not be passed on to third parties. I can revoke my consent at any time.

You're Signature\*

Name: \_\_\_\_\_

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

Place: \_\_\_\_\_

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