

SMILING
PHOTOGRAPH

PROGRAM CHOSEN (✓)

SUMMER JOB
 INTERNSHIP / TRAINEE
 OTHER

PASSPORT INFORMATION*

LAST NAME _____
 FIRST NAME _____
 MIDDLE NAME _____
 PASSPORT No. _____
 ISSUE DATE (MM/DD/YYYY) _____
 EXPIRY DATE (MM/DD/YYYY) _____
 *Attach copy OR Send it within 2 months

PERSONAL INFORMATION

MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH
CITIZEN OF	COUNTRY OF BIRTH	LEGAL RESIDENT OF
ADDRESS : _____		
PHONE : RESI.: _____ MOBILE NO. _____		
Email ID : _____		
(Note : Ensure mobile number and email ID does not change for the next 2 years)		

OTHER INFORMATION

Father's Name : _____	Occupation : _____
Company / Organisation Name : _____	
Company Address : _____	
Tel. (Off.) : _____	Mobile No.: _____ Resi. No.: _____
Mother's Name : _____	Occupation : _____
Company / Organisation Name : _____	
Company Address : _____	
Tel. (Off.) : _____	Mobile No.: _____ Resi. No.: _____

VISA INFORMATION (Put ✓)

Previous Visas : Have you ever received J - 1 visa to enter USA ?	YES	NO
Have you ever applied for a visa to immigrate permanently to USA ?	YES	NO
Have you ever been arrested or convicted of a crime in your home country ?	YES	NO
Have you ever been arrested or convicted of a crime in USA ?	YES	NO
Have you ever been refused a visa by a US Embassy ?	YES	NO

ENGLISH ABILITY (attach Level 1 & Level 2 Scores of English Test given at www.testpodium.com)				Points	Test Results
	Beginner	Intermediate	Advanced		
Speaking				Level 1	
Writing					
Listening				Level 2	

FOR SUMMER JOB PROGRAM - COLLEGE INFORMATION

NAME OF COLLEGE	COLLEGE	SUMMER VACATION	
	LOCATED IN	START DATE	END DATE
Which course are you studying ? _____			
How many years of university level study have you completed at this time ? _____			
What is the course duration (years) ? _____			
Will you be a full - time university - level student at the time you leave to the USA ? _____			
Will you be a full - time university - level student when you return from the USA ? _____			
How many days your want to stay in USA after completing your work ? _____			

INTERNSHIP / TRAINEE PROGRAM

PLACEMENT DETAILS	START MONTH	YEAR	DURATION (MONTHS)	COUNTRY

PLACEMENT DETAILS

Hospitality	Business Management	Engineering	IT	Others
Front Office []	Finance []	Computer []	Networking []	Tourism []
Culinary []	Marketing []	Electronics []	Multimedia []	Consulting []
Housekeeping []	Sales []	Telecom []	Web Design []	Interior Design []
F&B Services []	Advertising []	Mechanical []	Programming []	Fashion Design []
Restaurant Mgt. []	Retailing []	Civil []	Graphic Design []	Agriculture []
[]	HR []	Chemical []	[]	[]

QUALIFICATION	NAME OF COLLEGE	UNIVERSITY	START DATE	END DATE
H.S.C.				
1st Year				
2nd Year				
3rd Year				
4th Year				
5th Year				
6th Year				

WORK EXPERIENCE

EMPLOYER NAME	FROM DATE	TO DATE	JOB RESPONSIBILITIES

I have read the Program Descriptions, Eligibility Requirements and other information, terms and conditions and I agree with the same.

Name : _____ Date : _____ Signature : _____

NOTE : All payments should be made by crossed payee cheques / demand drafts favouring **KAREER KRAFTERS INDIA PVT. LTD.**, payable at Mumbai / Pune and proper receipts for such payment should be obtained and maintained.

FOR OFFICE USE ONLY

RECEIPT #	DATE	ENROLL#	AMOUNT (Rs.)	CASH / CHQ / DD#	BANK NAME
PASSPORT VERIFIED BY	REFERRED BY	ED	FD	PD	