

Government of West Bengal
Backward Classes Welfare Department

Pre-examination Training for JEE/WBJEE / NEET - 2027 under 'Yogyashree' Scheme

Application Form

TYPE CLASSROOM COACHING AND TEST

MEDIUM ENGLISH / BENGALI

EXAM WBJEE / JEE (Engg) NEET (Med) UG

YEAR 2026-27

CENTRE

One copy
photo is to
be affixed

FILL IN THE FORM IN BLOCK LETTERS

PARTICULARS OF STUDENT

1. Name : Date of Birth / /
(DD / MM / YYYY)

2. Sex : ☐ Male ☐ Female 3. Community : ☐ SC ☐ ST ☐ GENERAL ☐ MINORITY ☐ OBC

4. Correspondence Address :
..... PIN : Phone :

5. Email id :

6. Permanent Address :
..... PIN : Guardian's Ph :

7. Examination(s) Passed :

Std.	Exam Name	Year	Marks	% of Marks	Name of the Institution
X					

8. Present Institution : Class :

PARTICULARS OF PARENT / GUARDIAN

1. Father's Name : Occupation :

2. Mother's Name : Occupation :

3. Guardian's Name : Occupation :

Office/Business Name :

Address :

4. Annual Family Income :

Student Bank Account Details :

Bank Name : A/C No. :

Branch Name : IFSC Code :

AADHAR No. :

I do solemnly declare that all the particulars given above are true. I shall abide by the guidelines of the Backward Classes Welfare Department, Government of West Bengal.

I also grant consent to use my photograph in future advertisements if I am selected for a premier institute.

Date :
(DD / MM / YYYY)

.....
(Student's Signature)

.....
(Parent's / Guardian's Signature)

To be enclosed : (a) One copy passport size photo,
(MANDATORY) (b) Copy of Mark Sheet(s) of class-X standard,
(c) Copy of Caste Certificate (for SC/ST/OBC Candidates),
(d) Copy of AADHAR Card,
(e) Family income declaration/Certificate
(f) Copy of Bank Passbook front page

Declaration on Family Income by Parent / Guardian of the applicant

I the parent / guardian of
residing at

..... hereby declare that
I belong to SC/ ST/ General/ Minority/ OBC Community and my annual family income from all sources is
Rs..... (in figures) Rupees
..... only (in words).

I also declare that, in any stage, the information given by me if proved to be false / not true, benefit of the scheme may be withdrawn and legal action as deemed fit by the authority may be taken against me or my ward.

Date

Signature of Parent / Guardian