

(Please fill clearly)



Contestant Name: _____

Male Female

Date of Birth: _____ Nick Name (if any): _____

Age: _____ Height: _____ Size: _____ weight: _____ Body Color: _____

Eye Color: _____ Hair Color: _____ Body Type: _____

Have you participated in any prior Fashion Show? Yes No

If yes, please give some details: _____

Style Preference

Casual Dressy Formal Sporty Mature Young

Other: _____

(Please provide all details)

Education / Occupation: _____

Hobby: _____

Other Activities: _____

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APPLICATION FORM



(Please fill clearly)

Future Plan: _____

Postal Address: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone (2): _____

Mobile: _____ Alternate mobile no: _____

Email Address: _____

Tell us about yourself (please type or write neatly, this will be used in your introduction)

Any medical treatment: _____
(Please provide detail if any)

Please indicate Main Contact Person:

Contestant Guardian /Family member/ Other (mention detail name, address and relation)

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APPLICATION FORM



(Please fill clearly)

Guardian /Family Member: _____

Relation: _____

Phone Number Mobile: _____

Address: _____

City: _____ State: _____

Zip: _____

Guardian /Family Member Signature

Agency/institute/collage/open : _____

Learning: _____ Date of joining: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile no. _____ Email Address _____

Stamp & Authorize Signature

Contestant Signature