

APPLICATION FORM - Class IX Foundation

Name of Car	ndidate:								
		/ Sex:		L			colo	fix a rece ur photog he candic	graph
Pincode :									
Residence Te	elephone l	No. with code :	•••••						
Personal D	etails:	Gener al	OBC		SC/ST				
]	Father/Guard	lian			Mo	other		
Name :									
Mobile No. :									••••
Occupation									
Email id.									
Academic d	letails:								
Class	.5	Name of School					Board		
IX									
	How did y	ou come to kno	ow about us? I	Put a 🗸	´mark in	the rel	levant b	oox.	_
	Friends Newspapers Banners & Boards Others (Please			e specif	y)				
			<u> </u>						

	e you wish to undergo)	lease put a 🖌 mark against the cou	rse opted: (P	Cours
	Mathematics	Science (PCB)	Subjects:	
✓	Sunday		Batch:	
	State Board	CBSE	Board:	

Declaration

I/We jointly and severally declare that the information furnished above is true to the best of my/our knowledge and belief. I/We give you authority to allot the timings and venues of the classes due to unavoidable circumstances even if they are in variance of our preferences. I/We have no objection in New Cristal Academy publishing my/my ward's photograph in newspapers and other promotional materials while announcing the results. *I/We understand that fees once paid will not be refunded under any circumstances.* I/We have gone through the rules and regulations of the Institution and agree to abide by it.

Signature of the Candidate:	Signature of Parent/Guardian:
5	
Place :	Date :

For Office use only

Amount Paid	Receipt No.	Date	DD/Cheque No.	Bank Name with place

Batch	Allotted

Authorised Signatory:.....

Date of Joining :/ 2016