

APPLICATION FORM - REPEATERS

Name of Candidate:

Date of Birth:/...../..... Sex: Male Female

Communication Address:

Affix a recent
 colour photograph
 of the candidate

Pincode :

Residence Telephone No. with code :

Personal Details:

Gener al		OBC		SC/ST	
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	Father/Guardian	Mother
Name :
Mobile No. :
Occupation
Email id.

Academic details:

Class	Name of School	Board	Year of passing	Grade & % of marks obtained
X				
XII				

LAST RANK OBTAINED:

KEAM MEDICAL		KEAM ENGINEERING	
AIPMT		JEE MAIN	
JEE Advanced			

How did you come to know about us? Put a ✓ mark in the relevant box.

Friends	Newspapers	Banners & Boards	Others (Please specify)

Course opted: (Please put a ✓ mark against the course you wish to undergo)

Subjects:	JEE Advanced		MEDICAL	
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Do you require hostel facility? <i>Put a ✓ mark</i>	Yes		No	
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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:.....

Place : Date :

For Office use only

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

<i>Batch Allotted</i>

Authorised Signatory:.....

Date of Joining :/...../ 2016