

## APPLICATION FORM

Name of Candidate:.....

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

Communication Address: .....

.....

Pincode : .....

Residence Telephone with code : .....

Affix a recent  
colour photograph  
of the candidate

### Personal Details:

	Father/Guardian	Mother
Name :	.....	.....
Mobile No. :	.....	.....
Occupation	.....	.....
Email id.	.....	.....

### Academic details:

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

### Current Academic status:

Class	Name of the School	Board
XI		HSE
XII		CBSE
		ICSE

*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)

<i>Class</i>		<i>Course</i>			<i>Branch</i>		<i>Batch</i>		<i>Additional Subject</i>	
Class 11		Tuition Only			P, C, M		Regular Morning		Maths (E)	
Class 12		Entrance Only			P, C, B		Regular Evening		Maths (T)	
Repeaters' Program		Tuition+Entrance			Engg.		Sunday		Biology(E)	
Crash Program		<b>Practicals</b>			Med.		*		Biology(T)	
		Phy	Che	Bio						

### 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 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

**Batch Allotted**

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***Authorised Signatory***