

PS-ID / Registration No.

Admission Cum Scholarship Test (ACST) Date

Section.....

Admission Cum Scholarship Test (ACST) Roll No.

(To be filled by office only)



KD Academy

School + Preparation Academy

REGISTRATION FORM

Affix your recent passport size colour photograph here.

To,
The Managing Director
KD ACADEMY

.....Branch

SCHOOLING FOUNDATIONS MEDICAL ENGINEERING COLLEGE

IX IX & X X

BATCH OPTION

COURSE NAME WITH CODE

Weekdays Weekends

Respected Sir,
I want to take admission in KD Academy. I have read the 'Terms & Conditions' of the Institute mentioned in the prospectus and given overleaf. I agree to abide by the same. My particulars are given below:

(It is compulsory to fill the form clearly in CAPITAL LETTERS only) Mandatory fields are marked with asterisk (*)

Personal Details

First Name*:
Last Name:
Father's/Guardian's Name:
Mother's Name:
Occupation of Father / Guardian:
Occupation of Mother:
Date of Birth*: Gender (M/F/Others): Blood Group: Category* (GEN / OBC / SC / ST / PH):
Nationality:
Facebook User ID:
Twitter: @

Permanent Address

Address:
City:
State: PIN:
Phone (Residence): Phone (Office):
Mobile Parents*: Student: SMS:
E-Mail ID*:
Aadhar No.:

Correspondence Address (Please ignore if same as Permanent Address)

Address:
City:
State: PIN:
Phone (Residence): Phone (Office):

Education Details

School / College Name:
Address:
Marks Obtained: % (Class VIII / IX / X. Science & Mathematics - Aggregate) % (XII Board, PCB - Aggregate) % (XII Board, PCM - Aggregate)
Grades Obtained: (In Science) (In Maths) Exam. Board: (CBSE | ICSE/ISC | HS | Other)
Scholarship %: 5% 10% 15% 20% 25% 30% 35% 40% Others:
(Attach a Self-attested Photocopy of Your Original Marksheet)

How did you know about KD Academy? Promotions Team Newspaper Teachers Friends/Relatives Ex-Aakashians Website Radio/TV

Date: Sincerely,
Place: (Signature of the Student)*

*Kindly give such number which is not in National Customer Preference Registry (NCPR) mode.

For refund of security deposit, please furnish Name of Payee:
(In CAPITAL LETTERS only)

FOR OFFICE USE ONLY _____

(Please tick ✓the relevant box.)

Category of Scholarship A B C Details of Payment made Registration Fee Admission Fee 1st Installment One Time

Cash / Card / Online _____ Amount (₹) _____ Drawn on: _____ Date: _____

PS-ID/Registration No.: _____ Office Receipt No.: _____ Receipt Date: _____

Day Scholar Day Boarder Boarder Coaching Counsellor (Name): _____

***Checklist:**

- | | |
|---|---|
| <input type="checkbox"/> Photocopy of Aadhar card, domicile, category certificate, birth certificate, blood group of student. | <input type="checkbox"/> Attach proof of scholarship along with the form. |
| <input type="checkbox"/> Aadhar card of parent. | <input type="checkbox"/> All post dated cheques to be submitted at the time of admission. |
| <input type="checkbox"/> Photocopy of self attested marksheet of the last board or any equivalent exam. | <input type="checkbox"/> Provide E-mail ID & Mobile No. for sending of Information / SMS. |
| <input type="checkbox"/> Ten recent passport size coloured photograph. | <input type="checkbox"/> It is compulsory for Parents / Guardian & Student to sign on Terms & Conditions. |
| <input type="checkbox"/> Attach proof of scholarship along with the form. | |
| <input type="checkbox"/> Registration fee 1000 at the time of submitting the form. | |