



VIDYA MANDIR ACADEMY

APPLICATION FORM

(for Official only)
 Registration No. Allotted: _____
 For Checked by: _____ Employee Code: _____ Signature: _____ Date: _____

1. Details about the Student:

- a) Name of the Student _____
- b) Date of Birth _____ (DD/MM/YYYY) (c) Gender (✓) Male Female
- d) Last Annual Exam / Board Exam Aggregate Marks (%) _____ (e) Nationality _____
- f) Aadhar number of the student (please attach a copy of the student's Aadhar Card) _____
- g) Student you will pursue after Class XII {Please tick (✓)} :
 Engineering
 Non-Engineering: Humanities Fundamental Science Commerce Medical If other, please specify _____

(DO NOT STAPLE)

Paste your recent passport size color photograph here

carry one additional photograph for Hall Ticket

2. Details to be filled {for Registration Centre, Study Centre, Test Centre & Segment Codes, please refer to point no. 1, 2 & 3 of relevant Information Booklet }:

- (a) Test Date
- (b) Registration Centre Code
- (c) Segment Code
- (d) Study Centre Code
- (e) Test Centre Code
- (f) Class * Presently Studying in the Current Academic Year (AY)

* (for Class 5th fill 05, Class 6th fill 06, Class 7th fill 07, Class 8th fill 80, Class 9th fill 09, Class 10th fill 10, Class 11th fill 11, Class 12th fill 12 & Class 12th Pass fill 13).

- (g) How do you want to receive the Hall Ticket E-Mail Printed

(Printed Hall Tickets will be issued only If this Application Form is submitted to a VIDYA MANDIR ACADEMY office in person.)

3. Communication Details :

- (a) E-Mail IDs and Mobile Nos.

	E-Mail ID (Please Fill in BLOCK Letters Only)	Mobile Number
Student		
Father		
Mother		

- What is your preferred e-mail ID Student Father Mother
- What is preferred Mobile No. Student Father Mother

- (b) Correspondence Address:

(Please do not write your / your Father's name in these address boxes, Fill the address only within the space provided in boxes.)

Pin _____

Pin _____

4. Details about School Presently Studying in / Last Attended:

- (a) School Name & Address _____
 _____ City / Town _____
 _____ Pin Code _____ State _____ Tel. No. _____
- (b) Board (School is affiliated to) _____ (c) Your Current / Lest Class Rank in your School _____
- (d) Name of your School Principal _____
- (e) Name of your Subject Teacher : Mathematics _____ Physics _____
 Biology _____ Chemistry _____