

APPLICATION FORM FOR CRASH

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:

Category : Put a ✓ mark

Gener al	OBC	SC/ST	
-------------	-----	-------	--

	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	✓	Group	✓
XII		HSE	<input type="checkbox"/>	PCMC	<input type="checkbox"/>
		CBSE	<input type="checkbox"/>	PCMB	<input type="checkbox"/>
		ICSE	<input type="checkbox"/>		<input type="checkbox"/>

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)

Branch:	PCM		PCB		Kerala CEE	
					AIPMT	

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

Batch Allotted

--

Authorised Signatory:.....

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