

Enrollment No.

Affix
Passport
Size
Photograph here

ADMISSION DATE..... REGISTRATION DATE.....

COURSE APPLIED FOR	Foundation Class-Room Programme (AFC-IX) <input type="checkbox"/> Foundation Class-Room Programme (AFC-X) <input type="checkbox"/> Two Year Class-Room Programme (ATC-E) <input type="checkbox"/> Two Year Class-Room Programme (ATC-M) <input type="checkbox"/> One Year Class-Room Programme (AOC-E) <input type="checkbox"/>	One Year Class-Room Programme (AOC-M) <input type="checkbox"/> One Year Class-Room Programme (AOCP-E) <input type="checkbox"/> One Year Class-Room Programme (AOCP-M) <input type="checkbox"/> Aatmdeep Olympiad Programme (AOP) <input type="checkbox"/> Test Series (TS) <input type="checkbox"/>
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NAME OF STUDENT

FATHER'S NAME

MOTHER'S NAME

DATE OF BIRTH ^D ^D ^M ^M ^Y ^Y ^Y ^Y **SEX** Male FEMALE

CATEGORY GENERAL OBC SC ST

ADDRESS

Correspondence Add.	Permanent Add.
Parents Contact No.	Contact No.
self Contact No.	
e-mail ID :	

QUALIFICATION

S.No.	Class	School Name	Board	% Marks	Year	Medium (Hindi/English)
1.	VIII					
2.	IX					
3.	X					
4.	XI					
5.	XII					

FAMILY DETAIL

A. Occupation

Mother	Father

B. Detail of sibling

Name	Age	Sex	Class	School

C. Parents Educational Details

MOTHER	FATHER

OTHER INFORMATION

- a. How did you come to know about "Aatmdeep Academy" ?
- (i) News paper (ii) Hoarding (iii) Friends (iv) Senior Students
- (v) Parents / Relatives (vi) Any Other (Please specify.....)
- b. Since how long are you residing in Gorakhpur ? (Please write number of years.....)
- c. What will be mode of transportation ?.....
- d. Have you ever been suffered from any major illness/undergone any major surgery.
 No Yes (If yes, please specify.....)
- e. Do you know any IITian/Engg./Doctor ?
 Name Relation.....
- f. Have you ever studied in any other institute for preparation of IIT-JEE/PMT ?
 If yes, please provide detail.....

DECLARATION :-

- I hereby declare that, information provided above is true to the best of my knowledge & belief and I hereby take the sole responsibility of the consequences of the information furnished.
- The above written mobile/contact number can be used for providing academic information.
- I am aware of the fact that once the fee is deposited will not be refunded under any circumstances.

Signature of Student**Signature of Guardian****For Office Use Only**

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