

APPLICATION FORM

(for Office use only)	
Registration No. Allotted: _____	Invoice No : _____
Form Checked by: _____	Employee Code : _____ Signature : _____ Date : _____

Please fill this Form with a Black / Blue pen in BLOCK Letters only. (All the fields are mandatory)

1. Details about the Student :

a) Name of the Student _____

b) Father's Name _____

c) Date of Birth _____ (DD/MM/YYYY) d) Gender : Male Female

(e) Nationality _____ (f) Catagory _____

g) Last Annual Exam / Board Exam Aggregate Marks (%) _____

h) Stream you will pursue after Class X : Engineering Medical if other, please specify _____

2. Details to be filled in :

(a) Test Date (b) Study Centre Code Asansol Durgapur Burdwan

(c) Test Centre Code Asansol Durgapur Burdwan

(d) Class* Presently Studying in the Current Academic Year (AY)
* (for Class , Class 7th fill 07, Class 8th fill 08, Class 9th fill 09, & Class 10 fill 10)

3. Communication Details:

(a) Guardian's Mobile No. (b) Student's Mobile No.

(c) E-mail ID _____

(d) Correspondence Address _____ (e) Permanent Address : (Please mention only if different from 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)

<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">PIN _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">PIN _____</p>
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4. Details about the School Presently Studying in / Last Attended:

(a) School Name & Address _____

_____ City / Town _____

Pin Code _____ State _____ Tel. No. _____

(b) Board (School is affiliated to) _____ (d) Your Current / Last Class Rank in your School _____

(c) Name of your School Principal _____

5. **Details about Your Sibling :**

Name 1 (Brother / Sister) _____ Class presently studying in _____

Name 2 (Brother / Sister) _____ Class presently studying in _____

6. **Details about your Parents :**

Particulars	Father	Mother
Name		
Qualification		
Occupation		
Company Name		

7. **Details of your Scholastic Achievements in any of these exams {Please tick () & give its details} :**

NTSE JSTSE SSTSE MTSE KVPY Olympiads SAT Others

Details _____

8. **Are you taking any specialized Coaching for Competitive Exams {Please tick ()} : Yes No Since (Year) _____**

If Yes. Name of your Coaching Institute _____

Place : _____ Your Overall Rank in your Coaching Institute _____

Declaration by the Student / Parent / Guardian

I / we have received & read the Terms & Conditions of this Application Form and promise to abide by the same.

I have also cross verified the Codes filled in above Point 2 and I understand if an error occurs in the registration due to wrong codes it will not be corrected once registered.

Registration Fee will not be refunded in any case or transferred to any other Admission Test Date.

I authorize GENEXT EDUCATION to contact and send communication / information by SMS, e-mail, post on the above mentioned communication details given by me.

GENEXT EDUCATION reserves the right to offer any study centre other than the one opted by the student, subject to availability / constraints of seats.

Once a student joins the study centre offered (irrespective of his / her choice of study centre opted before joining), no request for change of study centre will be entertained, nor the course fee paid will be refunded under any circumstances.

GENEXT EDUCATION reserves the right to change / cancel any Program, Test Date, Test Centre, Study Centre, eligibility criterion & Course Fee without prior notice.

The Registered Office of GENEXT EDUCATION is at Asansol. In case of dispute, students / parents are subject to the exclusive jurisdiction of appropriate courts in Asansol only. All disputes shall be referred to the Sole Arbitrator appointed by the Management of GENEXT EDUCATION. The decision of the arbitrator shall be final & binding. The arbitrator so appointed shall not be incapacitated for reasons of their being the employee of GENEXT EDUCATION or its sister concern and for reasons of having any prior linkage with the company.

Fee Paid Rs. _____ in Cash / DD / Pay Order No. : _____ Dated _____ Bank _____

I / we hereby declare that the information furnished on this Application Form is correct to the best of my knowledge and belief.

Date : _____

(Signature of Student) _____ (Name of Student) _____

Place : _____

(Signature of Parent / Guardian) _____ (Name of Parent / Guardian) _____