



IIT-JEE | MEDICAL | FOUNDATION | PRE-FOUNDATION |

Kabir Nagar, Durgakund, Varanasi

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SESSION: 2 0

IMPORTANT INSTRUCTIONS

- Fill In Capital Letters
• Do not staple, Pin, Wrinkle, Tear, Wet or damage the form in any way
• Do not make any stray marks on the form, damage form are liable to reject

Paste Coloured Photograph do not Staple

OFFICE USE ONLY

Table with fields for Class, Batch, Branch, Amount Of Fee, and Installments.

Signature of Candidate (Running Hand)

1. Fill this in capital letters as in Xth certificate, leave one column gap between 1st/middle/last names.

A. Candidates Name

Grid for entering candidate name in capital letters.

B. Father's Name & Occupation

Grid for entering father's name and occupation.

C. Mother's Name & Occupation

Grid for entering mother's name and occupation.

Table for course selection (2(a) Courses for Pre-Foundation, 2(b) Courses for Foundation, 2(c) Courses for Target) and 3. How do you come to know about ACL Educare.

4. Candidate's Mailing Address(fill in capital letters)

Form for mailing address with fields for Name, Local Address, Permanent Address, District, State, and PIN.

5. Gender

Male	Female
<input type="radio"/>	<input type="radio"/>

6. Category

GEN	SC	ST	OBC	PH	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Education Board

CBSE	ICSE	State Board (Write Name)
<input type="radio"/>	<input type="radio"/>	

8. Are you old 'ACL' Student

Yes	No
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*Paste Coloured
Photograph
do not Staple*

*Signature of candidate
(Running Hand)*

9. D.O.B. as per Xth Certificate

Date	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Are you brother/sister of previous Student:

.....

.....

.....

12. Academic Record

VIII		IX		X		XI		XII	
%	Year of Passing	%	Year of Passing	%	Year of Passing	%	Year of Passing	%	Year of Passing

13. Email Address (Do not leave any column blank between E-mail)

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14. Parents/Guardian Mobile No.

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15. Student Mobile No.

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16. Previous Institute Attended

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17. Current School Name

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DECLARATIONS

I hereby declare

1. That I am seeking admission at my own risk.
2. That in case of my selection in medical/engineering entrance exam the institute reserves the right to use my information for publicity.
3. That all information filled by me in application form is correct. I know that any information found to be incorrect or false then my admission can be cancelled without any refund fees.
4. Fee once deposited will not be refundable in any case
5. Strict action will be taken against indiscipline caused by student.

Signature of candidate Date Signature of Guardian