

APPLICATION FORM

(Academic Session 2014-15)

Form No.

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(for office use only)

Course Code	Course Duration	Date	CENTER NAME (Specify)
4042	15 days	5 Oct 2014 To 19 Oct 2014	

Name : _____

Father's Name : _____

Mother's Name : _____

Date of Birth :

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 (dd/mm/yyyy)

Category :

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 (GEN/SC/ST/OBC/OTHERS) Gender :

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 (MALE/FEMALE)

Father's Occupation : _____

School Name : _____

School Address : _____

Address for Correspondence : _____

City _____

PIN _____ State _____

Affix Your Recent
Passport Size
Colour Photograph here

Landline No (with STD code) : _____ E-mail Id: _____

Mobile No.1: _____ Mobile No.2: _____

 Are you a CCP/DLP/ELP student of ALLEN? Yes No. If yes **ALLEN Form No.**

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Scholarship Eligibility :

S.No.	Category	Scholarship [#]	Tick (if applicable)	Proof required
1.	Distance Learning Program (DLP) or Online Test Series (ELP) Students of Session 2013-14.	50%		Mention ALLEN Form No.
2.	ALLEN Classroom Contact Program (CCP) Students of Session 2014-15. (Advance & Excellent Batch)	100%		Mention ALLEN Form No.

Kindly attach relevant proof with application form in case you are eligible for any of the scholarship criteria.

No two scholarship criteria can be clubbed.

- No refund in fee is applicable for workshop, under any circumstances.

Fee Details:

Demand Draft Date	Demand Draft No.	Bank Name	Amount

Accommodation required (Yes/No) : _____

DECLARATION

I hereby declare

- That I shall be fully responsible for any accident/mishappening may be occurring with me inside/outside the institute premises.
- That I will be responsible for my rustication on ground of my misconduct, misuse of mobile phone, or any illegal and indecent activity.
- That in case of my selection in any exam, the institute reserves the right to utilise my information in the name of the Institute.
- That I solemnly affirm that the institute has the right to send my emails (e-newsletters) and SMS alerts.
- That all information furnished by me as in Application Form etc. is correct to the best of my knowledge. I understand that in the event of any information found to be incorrect or false, my admission may be cancelled without any refund fee.
- That I am seeking admission in my own interest and accord.

Signature (Father/Mother)

Date : _____

Signature (Student)

Date : _____