

NATIONAL ADMISSION TEST Registration Form

Reference Number (for office use only)

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Course Applied For ONE YEAR CLASSROOM COURSE TWO YEAR CLASSROOM COURSE

Student Presently in Class 10 Class 12
 Class 11 12th appeared / 12th passed

Test Centre opted for New Delhi Noida Gurgaon Faridabad Chandigarh Patna
 Bhilai Bangalore Dubai Other (please specify) _____

Student's Name :

F	I	R	S	T		N	A	M	E				
M	I	D	D	L	E		N	A	M	E			
L	A	S	T			N	A	M	E				



Date of Birth :

D	D	M	M	Y	Y	Y	Y
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 Gender :

M	F
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School Name :

School Address :

 P. O. Box/PIN No.

Father's/Mother's Name :

Mailing Address :

 P. O. Box/PIN No.

Mobile :

Land Line :

email :

Contact Preference : (For contacting you apart through e-mail) *[Mark your preference using]*

Contact Me On My : Mobile Land Line **Contact Time** (Please specify a time between 9.00 am & 6.00 pm):

Permanent Address : Same As mailing Address : Yes No If "no", please mention the address below .

P. O. Box/PIN No.

Declaration :
 I declare that I have read all details of the course and rules and regulations. I agree with all the terms and conditions.

Date :

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Place : _____ Signature of the Student