

Registration Form for IIT JEE and Medical Programs

MI-CENTRE		Test Date*		Test Roll Number:	
Select the Course:*					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 YP (IIT-JEE) (Going to 11th)	2 YP (Med.) (Going to 11th)	3 YP (Going to 10th)	4 YP (Going to 9th)	1 YP (IIT-JEE) (Going to 12th)	1 YP (Med.) (Going to 12th)
				(Med.) (12th Pass)	(Med.) (12th Pass)
Test Center City Details*					
Test Center City		:			
Test Center Name		:			
If you are Re-raking the Test for the same course / Reappearing in same Admission Session/Year					
Previous Test Name/Month		:	Test Roll No.		:
How you came to know about this Admission Test *					
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Outdoor Media	<input type="checkbox"/> Friend / Relative	<input type="checkbox"/> Other		
<input type="checkbox"/> Internet	<input type="checkbox"/> School	<input type="checkbox"/> SMS / Call / Email			
Student Details					
Name*		:			
Gender*		:	Male		Female
Date of Birth*		:			
Email ID*		:			
Mobile No.*		:	Whatsapp No.		:
Address*		:			
City*		:	PIN Code*		:
State*		Residence Phone*			
Parent / Guardian Details					
Father's Details:			Mother's Details:		
Name*		:			
Email ID*		:			
Mobile No.*		:			
School Details					
School Name*		:			
Address		:			
City		:	State	:	
Registration Fee Details		Amount Paid*		:	
Declaration *					
I hereby declare that information given in the form is true to date			Date:	Signature:	

STUDENT RECEIPT

NAME.....

SCHOOL NAME.....

CLASS.....

ROLL NO.....