

Enrollment No of AE.....
(To be filled by office)



Aakash Institute

Premier Institute in India for Medical Entrance Exams.

(Division of Aakash Educational Services Ltd.)

Affix your recent passport size photograph here.

To,
The Incharge
Distance Learning Program
Aakash Institute
Aakash Tower, Plot No. 4,
Sector-11, Dwarka,
New Delhi-110075

ADMISSION FORM

COURSE APPLIED FOR

- | | |
|---------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Aakash Explorer for AIPMT-2012 | <input type="checkbox"/> Aakash Explorer for AIPMT & AIIMS-2013 |
| <input type="checkbox"/> Aakash Explorer for AIIMS-2012 | |
| <input type="checkbox"/> XII Studying / Passed | <input type="checkbox"/> XI Studying |

(Please mark ✓ against the course you wish to apply)

Respected Sir,

I want to take Admission in your institute for the Distance Learning Program course marked (✓) in the box. I have read the 'Terms & Conditions' of the Institute given overleaf and agree to abide to the same. My particulars are given below:

(Please fill the form in CAPITAL LETTERS)

First Name _____ Last Name _____

Father's/Guardian's Name _____

Mother's Name _____

Occupation of Father _____

Date of Birth _____ Gender M F Blood Group _____ Category _____
(Please Tick ✓ the relevant box) (GEN / SC / ST / OBC / PH)

Residence Address _____
(Permanent Address)

City _____ State _____ Pincode _____

Phone _____ Fax _____
(STD Code) (Number) (Any Other) (STD Code) (Number)

Mobile _____ Email _____

Address for Correspondence _____
(Please ignore if same as Residence Address)

City _____ State _____ Pincode _____

Phone _____ Fax _____
(STD Code) (Number) (Any Other) (STD Code) (Number)

School / College Name & Address _____

Student Class category: XI appearing XII appearing XII passed (Please (✓) mark in the relevant box)

Eligibility for Concession: 5% 10% 15% 25% 35% (Please mark (✓) in the relevant box.)

Marks Obtained _____ % (X - Sc. & Maths - Aggregate) _____ % (XII - PCB - Aggregate) CBSE ICSE ISC UP/UT Any other
(Please attach a Photocopy of the Marksheet) (Please tick ✓ the relevant box.)

How did you come to know about Aakash? Mktg. Team Newspaper Teachers Friends/Relatives Ex-Aakashian Website Radio
(Please tick ✓ the relevant box.)

Date: _____

Sincerely,

Place: _____

(Signature of Student)

(FOR OFFICE USE ONLY)

Cash / Demand Draft No.: _____ Amount (Rs.): _____ Drawn on: _____ Date: _____

Registration No. _____ Office Receipt No.: _____ Receipt Date: _____

Admission Place: Branch Info. Centre Marketing Executive Counsellor (Name) _____ Prov. Receipt No. (if any) _____

Terms & Conditions

1. Incomplete form will be rejected.
2. It is compulsory to attach photocopy of marksheet of the last qualifying exam.
3. It is compulsory to attach three recent passport size photographs with the admission form.
4. Any change of address should be notified in writing to the office without delay.
5. The Institute reserves the right to make any change in its programme without any prior notice to anybody.
6. The Institute reserves the right to use the photograph for publicity in case the student secures position / success in any Medical Entrance Exams.
7. The fee once paid will not be refunded under any circumstances.
8. In case of any dispute, arising out of present terms & conditions, same shall be referred to the sole arbitrator to be appointed by the Chairman of Aakash Educational Services Ltd. The seat of arbitrator will be at Delhi only. In any case if any matter has to go to the court, only Delhi Court shall have jurisdiction to decide such matters.
9. I have read the terms & conditions of the Institute as mentioned in the brochure & promise to abide by the same.
10. Checklist: (1) Three passport size photographs along with the form.
(2) Photocopy of marksheet of the last qualifying exam.
(3) Cash / DD in favour of 'Aakash Institute' payable at New Delhi along with the form.

(Signature of Parent/Guardian)

(Signature of the student)