Relic Academy™

Tel : 32950885 / 32009973 Website: www.relicacademy.com

Admission Form

For Office Use Only

Student ID Number _____

Course Name _____

Name of the Centre _____

Fees (Cash/DD/Chq.) in Rs. _____

Name of the Bank _____

DD/Chq. Number: _____ Dated: _____ Receipt No.: _____

Affix Your Current Photograph Here

INSTRUCTIONS

- **Please fill form in capital letters**
- **Please leave a blank after every word**
- **Please tick the relevant boxes**

NAME

First Name Middle Name Surname

MAILING ADDRESS

City

Pin Code State

Telephone STD CODE Number

Mobile

EMAIL - ID

Would you like important information to be sent to you through e-mail Yes ☐ No ☐

DATE OF BIRTH

GENDER Male ☐ Female ☐

EDUCATIONAL BACKGROUND (a) Graduate ☐ (b) Under Graduate ☐

If Graduate (a) B.Sc. ☐ (b) B.Com. ☐ (c) B.A. ☐ (d) Others ☐

Specialization _____ Year of Passing _____ Secured% / CGPA _____

If Under Graduate Currently studying in

(a) FY ☐ (b) SY ☐ (c) TY ☐ (d) Others ☐

(a) B.Sc. ☐ (b) B.Com. ☐ (c) B.A. ☐ (d) Others ☐ Specialization _____

Name of College _____

Source of Information about Relic ☐ Newspaper ☐ E-mail/Internet ☐ Our Student ☐ Pamphlet ☐ Friend ☐ Seminar

Mention the newspapers(s) that you read _____

Mention the magazine(s) that you read _____

"I hereby certify that all the information provided by me on this application form is complete and accurate. I agree to familiarize myself with all the rules and regulations of the program set forth by Relic Academy and abide by them. I would uphold the standards and respect the principles of Relic Academy as an organization of higher learning. Similarly, I shall allow Relic Academy to utilize my name and photograph for their marketing purpose if I score high in the examination. I shall not have any kind of objection for the same in future."

Date :

Place :

Student's Signature