



REGISTRATION FORM

Affix
Passport Size
Coloured
Photograph

Programme Option

- Phase Coaching Full Course Coaching

Foundation Course

- Foundation I (XI Studying) Foundation II (XII Studying) Foundation III (Dropper)

Name of the Student: Date of Birth:

Father's/ Guardian's Name:

Address: House No:

Area: City:

State: Pin Code:

Mobile No: Phone No:

Class studying/passed

Percentage of marks obtained in X th exam

Percentage of marks obtained in XI th exam

Percentage of marks obtained in XII th exam

Name and address of the school attending/attended

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Have you joined any other Academy for Mathematics? (Yes/ No)

Please Specify Name:

1. 2.

Do you have any Brother/Sister/Cousin?

If Yes Please Specify :

Name	Class



How did you come to know about Mathematics Point?

[Tick/ fill in the appropriate choice(s)]

- (i) From advertisement (Please specify the newspaper)
- (ii) From posters/banner at
- (iii) From Friend (Please Specify Name with Number)
- (iv) Other medium (Please specify)

I/ we hereby declare that all the details stated above in this registration form are true to the best of my/ our knowledge and believe and I/ we promise to abide by the rules and regulations of the Mathematics Point.

(Signature of Student)

(Signature of Parent/ Guardian)

Date:

Place:

