



GYAN BINDU ACADEMY PVT. LTD.

(The Concept Based Teaching Institute)

ENROLMENT FORM

Enrollment No.
(For Office Use)

Regular
Correspondence

NAME OF COURSE APPLYING FOR

JRF-NET GATE Test Series Offline Test Series Online

Affix Photo

The Managing Director
Gyan Bindu Academy
New Delhi

Payment Details:

Name of Aspirant:

Date of Birth: Sex

Father's Name / Husband's Name

Category Gen/OBC/SC/ST:

Permanent Address:

Correspondence Address:

Phone (With STD Code) Mobile

E-mail:

Higher Education Details:

Name of University: Name of College

Appearing / Passing	Degree	Year of Completion	Major Field / Discipline
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you Already Attempted ? Yes No Fee detail :

How did you know about us: _____

I _____ (Son/daughter/wife/husband) of _____
Residence of _____ is joining **Gyan Bindu Academy** having the complete knowledge of the Academy, its rules regulations and discipline as mentioned in the information bulletin. I declare that I will abide by the rules and regulations and the discipline of the Academy. In case of violation of discipline and non-seriousness towards study, I can be terminated from the Academy without any claim for the refund. I am aware of the fact that fees once submitted to the academy is not refundable whatsoever the reasons. In case of my personal problem if I have to discontinue from the course. I cannot have any claim for the refund nor I can ask for its adjustment towards anything else. For disciplinary action, the decision of the Director will be final.

Signature of the Father/
Local Guardian of the Candidate

(Signature of Student)
Date: