EÖTVÖS ACADEMY

ENROLLMENT FORM

Sl. No. :

Enrollment No.:
(For office use only)

Enrolling for: ☐ Engineering ☐ Medicine

Please affix your recent passport size colour photograph

Name of the student :

Father's/Guardian Name :

Mother's Name :

Date of Birth : D D M M Y Y Y Y **Nationality:**

Correspondence Address :

PIN

Ph (Res) with STD Code : **MOBILE**

Permanent Address :

PIN

Ph (Res) with STD Code : **MOBILE**

School Affiliated to : **CBSE** ☐ **ICSE** ☐ **Other (please specify)** _____

Class : **XI** ☐ **XII** ☐ **XII (Pass)** ☐

Email ID of the student : _____
(in Block letters)

Email ID of the Father : _____
(in Block letters)

Email ID of the Mother : _____
(in Block letters)

** * please mention if you want to receive information through SMS on this mobile :* Yes ☐ No ☐

EOTVOS ACADEMY

ENROLLMENT FORM

Name of the School :

(For office use only)

School Address :

Enrolling for:

PIN

Phone No.

Course Fee payment details :

Demand Draft No.	Drawn on Bank	Dated	Amount

Mode of Payment:

1. Payments can be made online from www.eotvosacademy.com
2. Payment can be made either by DD/DIRECT DEPOSIT into our account.
3. Account details:
   EOTVOS ACADEMY, ICICI BANK, Current Account. No. 040105500226 JP Nagar, Bangalore. IFSC Code: icic0000401.
4. DD should be taken in favour of 'EOTVOS ACADEMY' payable at Bangalore - 78.

Checklist:

1. Two Passport Size Colour Photographs (Please write your name behind your Photograph)
2. Demand Draft for Course Fee (Please write your name & address behind the Demand Draft)

Note :

1. *Fee of any program is not refundable at any stage.*
2. *The Demand Draft for course fee + service tax (12.36 %) for the above mentioned package should be payable in Bangalore.*
3. *Photocopy of this form can also be used*
4. *In the event of any legal dispute, the jurisdiction will be an appropriate court/forum in Bangalore only*

Declaration:

I/We (Student and the parent) am/are joining program offered by EOTVOS Academy after satisfying myself/our self about the structure of the program and understand the terms and conditions of this program.

Place:_____ (Signature of the Student) (Signature of Parent/ Guardian)

Date:_____ Name _____

Relationship with the Student_____

Mobile. No. of Parent / Guardian_____

Corporate Office : #55, 21st 'A' Main, Marenahalli, J.P. Nagar 2nd Phase, Bangalore - 560 078.

Contact: +91 9665530682, +91 7022016403 / 08 / 09

Registered Office :# 99, Sannidhi Road, NR Colony, Bangalore - 560 076.

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