



ENROLLMENT FORM

Enrollment No:
(To be filled by the academy)

A M B I T I O N
IIT/AIEEE

Affix (paste)
one passport
size photograph
here

All information to be filled in capital letters only

1. I want to subscribe for

Class : VIII IX X

2. Name of the student : _____

3. Date of Birth : _____

4. Parent's/Guardian's Name : _____

5. Address for Correspondence : _____

Phone No. (with STD code) _____ E-mail I.D. _____

6. Permanent Address : _____

Phone No. (with STD code) _____ E-mail I.D. _____

7. Name of the School : _____

8. Payment Details : D.D. No. : Amount :

Name of the Bank & Branch :

I have read and understood the terms and conditions of my admission printed below and I agree to abide by them.

TERMS AND CONDITIONS

- Under no circumstances shall the fee once paid towards a course be refunded or adjusted against any other course.
- The responsibility to ensure that a student is eligible for a certain examination lies with the student. Similarly, the institution cannot be held responsible if a student does not submit his/her form to the examining body; or if his/her form is rejected by the examining body for any reason whatsoever. Such a student cannot claim refund of the whole or any part of the fee paid to the institute.
- Brain Mapping Academy reserves the right to make any change in its programmes without any prior notice.
- In case of any dispute, the same shall be referred to the sole arbitrator to be appointed by the institute. The seat of arbitrator will be Hyderabad only. In case any matter has to go to the court, only Hyderabad Court shall have the jurisdiction to decide on such matters