

ENROLLMENT FORM :2015-2016

Fill the following details in CAPITAL letters by using BLUE/BLACK ball point pen

1. Full Name of the candidate:

 2. Name of the father:

 3. Pemanant address:

4. Year of passing/appearing Madhyamik/ ICSE/XCBSE:
 5. Gender (Please tick) : Male
 Female
 6. Date of Birth :
 7. Marks obtained in last qualifying examinations:

	Marks obtained	Total marks
I. Physics & chemistry(Phy.Science):	<input type="text"/>	<input type="text"/>
II. Mathematics:	<input type="text"/>	<input type="text"/>
III. Biology:	<input type="text"/>	<input type="text"/>

Paste you
recent colour
photo inside
the box

8. Your Goal Of Life (please tick): **MEDICAL** **ENGINEERING** **OTHERS**

9. Course Name (please tick):

Accelerator ALPHA(JEE+BOARD,1year)
 Accelerator BETA(JEE+BOARD, 2years)
 Accelerator MEDICAL (AIPMT+BOARD, 2years)
 Accelerator ANABOLIC (AIPMT + BOARD, 1 year)
 Accelerator DELTA (Only BOARD, 1 year)
 Commerce _____ Foundation Course _____

10. Madhyamik/CBSE/ICSE Roll Number :

11. Date of registration : (For office use only)
 12. Mobile Number(Student) :
 13. Mobile Number(Parent) :

DECLARATION

I/We undersigned, hereby assure that the informations given in the enrollment form is true and correct. I/We have understood and agreed that any misrepresentation or concealment of facts, will justify the cancellation of undersigned student's admission or expulsion from the institute at any stage of the courses. I/We promise to abide all the rules and regulation as long as the student remain as registered student of **UNIQUE CLASSES**.

I/we hereby also declared that while being an enrolled student of **UNIQUE CLASSES**, undersigned student will be responsible in terms of providing relevant details of all the competitive examinations by submitting the true photocopies of the application form in which student will appearing in the future by virtue of **UNIQUE CLASSES** support. **UNIQUE CLASSES** will have the rights of using his/her result and photograph for its development plans.

I/We hereby also declare that **the particulars filled in the form are correct best of my knowledge.**

Signature of the candidate

Signature of the parent / guardian

Date: _____

Date: _____

Place: _____

Place: _____

Courses

Accelerator ALPHA(JEE+BOARD,1year)

Accelerator BETA(JEE+BOARD, 2years)

Accelerator MEDICAL (AIPMT+BOARD, 2years)

Commerce : IX to XII /B.Com, CPT

Accelerator ANABOLIC (AIPMT + BOARD, 1 year)

Accelerator DELTA (Only BOARD, 1 year)

Crash course for JEE MAIN/WBJEE/AIPMT

Computer course(BCK,Java,C,Webdesigning)

FOUNDATION Course

UNIQUE CLASSES- Accelerate Your Pathway to Success

CENTRAL
89/1A, Phears Lane Kolkata-700012
Contact
81002 81003

Central
29/1, Giri Babu Lane Kolkata-700012
Contact
033-3263 3293