



Registration for VACST -2018

Reg.No: _____



Current Class

V VI VII VIII IX X XI XII XII(P)

Have you joined any other course at **VIDWAN CLASSES** in current or previous session?

If yes, give VIDWAN Roll No :

LAVA IIT JEE MEDICAL

Study Center : KHARVEL NAGAR C.S. PUR VMC RKL

PERSONAL INFORMATION [In Block Letters]

Full Name : _____

Father's/Guardian's Name : _____

Permanent/Correspondence Address. : _____

City : _____ District : _____ State : _____

Pin Code : Date of Birth : Gender : Male Female

Mobile Number : Tel No :

E - Mail Address : _____

| ACADEMIC DETAILS | | | | | | |
|------------------|-------------------------|--------------------|---------|--------------|-------------------|------|
| Previous Class | Board CBSE/ICSE/CHSE | Year of Passing | Subject | Max Marks | Marks Obtained | %age |
| | | | Science | | | |
| | | | Maths | | | |

DETAILS ABOUT THE SCHOOL PRESENTLY STUDYING IN / LAST ATTENDED [in Block Letters only]

(a) School Name : _____

City / Town : _____ District : _____ State : _____

Pin Code : Tel No. :

(b) Board (School is affiliated to) : _____ (c) Your Current / Last Class Rank in your School : _____

(d) Name of your School Principal : _____

DETAILS ABOUT PARENTS [in Block Letters only]

Father's / Guardian's Name : _____ Cell No _____

Qualification : _____ Occupation : _____ Designation : _____

Office Name / Address : _____

E - Mail Address : _____

Mother's Name : _____ Cell No _____

Qualification : _____ Occupation : _____ Designation : _____

Office Name /Address : _____

E - Mail Address : _____

DETAILS OF YOUR SCHOLASTIC ACHIEVEMENTS IN ANY OF THESE EXAMS [Please tick (✓) & give its details]:

NTSE JSTSE NSEJS MTSE KVPY Olympiads SAT Others

Details: _____

Are you taking any specialized Coaching for Competitive Exams [Please tick (✓)]:

Yes No If yes, Name of your Coaching Institute _____

Details about Your Sibling:

Name 1 (Brother / Sister) : _____ Class presently studying in _____

Name 2 (Brother / Sister) : _____ Class presently studying in _____

How did you come to know about VIDWAN programs ? [Please tick (✓)]:

Newspaper Advt. Social Media News Paper Insert Banner / Poster Website

E – Mail Hoarding Radio Present/Ex-VIDWAN Student Friends/Relatives

Through VIDWAN Faculty If other sources (please specify) _____

| | | |
|------------------------------------|--|--|
| Choice of the Test Date: | <input type="checkbox"/> 21 January 2018 | <input type="checkbox"/> 28 January 2018 |
| Preference of the test Centre: (1) | <input type="text"/> | (2) <input type="text"/> |

DECLARATION BY THE STUDENT/PARENT/GUARDIAN

- * Test date, Test Centre Code, Program Code etc. cannot be changed once registered
- * Registration Fee will not be refunded in any case.
- * **VIDWAN CLASSES** reserves the right to contact and send communication/information by SMS, e-mail, post on the above mentioned communication details given by students.
- * **VIDWAN CLASSES** reserves the right to offer test centre other than the one opted by students, subject to availability/constraints of seats.
- * Once a student joins the test centre offered (irrespective of his / her choice of test centre opted before joining), no request for change of test centre will be entertained. nor the Application / Test fee paid will be refunded under any circumstances.
- * **VIDWAN CLASSES** reserves the right to change/cancel any Program, Test Date, Test Examination Centre, eligibility criterion.
- * The Registered Office **VIDWAN CLASSES PVT. LTD.** is at Bhubaneswar. In case of dispute, students/parents are subject to the exclusive jurisdiction of appropriate courts in Bhubaneswar only.

Fee Paid Rs. _____ in Cash / DD/ Pay Oder No.: _____ Dated _____ Bank _____

I / we hereby declare that the information furnished on his/her Application Form is correct to the best of my knowlegde and belief.

Date : _____
(Signature of student) (Name of Student)

Place : _____
(Signature of Parent/Guardian) (Name of Parent/Guardian)

| | |
|---------------------------------|--|
| (for Office Use Only) | |
| Registration No. Allotted : | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| (Signature of Counselor) | Date: _____ |