



ASPIRATION IAS ACADEMY

Admission office: BC-16, Street Number 113, Action Area-I, Newtown, Kolkata-700163

In case of any complain please e-mail: aspirationiasacademy@gmail.com , Mob: 80 5100 5800 / 70 7900 7600

ADMISSION FORM

For the session 20 __ __

Course applied for*:

1. Name: Mr./Ms: _____

2. Date of Birth: _____ Mobile: _____

3. Address: a) Present: _____

b) Permanent: _____

c) Contact Tel. No: Residence: _____ Mobile: _____

d) E-mail: _____

4. Father's Name: _____ Mobile: _____

5. Mother's Name: _____ Mobile: _____

6. Guardian's Name: _____ Relation: _____

Full Office Address of Father / Guardian: (Please give full details so that we can contact immediately in case of emergency)

Designation: _____ Monthly income: _____

Phone No:(O) _____ Resi: _____ Mobile: _____

E-mail: _____

7. Academic Qualifications [Starting from Madhyamik (10th standard)]. Xerox copies of all Marksheets must be attached.

CERTIFICATE/DEGREE/DIPLOMA	NAME OF SCHOOL/COLLEGE	YEAR	NAME OF BOARD/UNIVERSITY	SUBJECTS	% OF MARKS IN AGGREGATE	DIVN./CLASS/ GRADE
10th Standard						
10+2 Standard						
Graduation						
Other						

8. Extra-Curricular Activities and Hobbies: _____

Date:

Place:

Signature of the Student

Affix a passport size colour photograph & provide one more copy for identity card