

Enrollment Form

Name : _____

Father's/ Mother's Name: _____

Mailing Address: _____

Mobile : 1) _____ 2) _____

Email: _____

Permanent Address: _____

Contact: _____

Alternative Email: _____

Gender: Male Female

Category: Gen OBC SC ST Others

Classroom Program Registered :

MBA Intelite'16 BBA Aspire '17 BBA Speed'16

Library Fees deposit (Rs.500)

(60% library fees is refundable at the end of the program)

Payment Details: Cash Cheque

Amount Deposited(In figures): _____

In words: _____

Balance Fees: _____ Due Date: _____

Cheque Details :

Cheque Number: _____ Bank: _____

Branch: _____

Photo

Educational Details:

Class X/ SSC:

Name of the School: _____

Year of passing: _____ Board: _____

Aggregate Marks (In %): _____

Class XII/ HSC:

Name of the School: _____

Year of passing: _____ Board: _____

Aggregate Marks (In %): _____

Graduation:

Name of the College: _____

Year Of passing: _____ Stream: _____

Aggregate Marks (In %): _____

Note:

- The course fees are to be paid in full only.
- Fees once paid will not be refunded.
- All disputes to be settled with Lucknow city jurisdiction.
- Class timings, schedules and trainers may be changed at the discretion of LOGICANS Institute of Aptitude Development.
- LOGICANS Institute does not guarantee the college admission, scholarship or financial of any kind.

Student Declaration:

I hereby ascertain the eligibility requirement for the program applied for. I have read and agreed to the rules and regulations of LOGICANS Institute of Aptitude Development. I conform that LOGICANS Institute has the right to change the rules and regulations from time to time and agree to abide by the same. I hereby declare that the best of my knowledge. I also understand that my continuing and participative interest is crucial for successful completion of the program.

Signature of the Student

Parent's Signature

Date: