

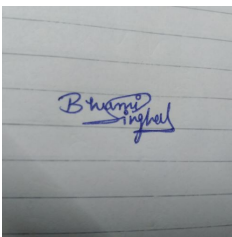
Acknowledgement & Declaration Form (Session 2021-22)

Application form no:	21958885			Photograph
Name of Applicant:	Bhumi Singhal			 BHUMI SINGHAL 21-07-2021
Father's Name:	Hitendra Kumar			
Mother's Name:	Vandna Singhal			
Gender:	Female	Medium:	English	
Stream:	Pre-Medical			
Center:	KOTA			
Course Name:	ACHIEVER PHASE-XI / 3281			
Address:	Mandawar Near Reliance Tower City: Mandawar , District: Dausa , State: Rajasthan , Pin: 321609			
Contact Details:	Phone No.: - Mobile No: 7742184668			
Email:	singhaltushar54@gmail.com			

Declaration

I hereby declare

- that I am seeking admission in my own interest and accord.
- that I shall be fully responsible for any accident / mis-happening occurring with me/by me inside / outside the institute's premises and institute will not responsible in any manner.
- that I shall be responsible for my rustication on grounds of misconduct, misuse of mobile phones, misuse of internet or any illegal and indecent activity.
- that in case of my selection in Medical / Engineering Entrance Exams / NTSE & Olympiads, the institute reserves the right to use my name, photo and other information for publicity purpose.
- that I solemnly affirm that the institute has rights to send me emails (e-newsletters), sms alerts, WhatsApp Messages (Text, Images, Video, Documents) and post on the mentioned communication details.
- that all the information furnished by me in the ONLINE Application Form or in any other form etc. is correct to the best of my knowledge. I understand that in the event of any information found to be incorrect or false, my admission may be cancelled without any refund of fee.
- that I have read all the instructions of the Information Bulletin / available Online and I do agree to follow the instructions as applicable.
- that I agree to abide by the Refund Rules of the Institute.
- I agree that all dispute are subject to Kota (Rajasthan) jurisdiction only.



Signature of Candidate

Date:

Signature of Father / Mother