

Student Details:

ABHISHEK COACHING CLASSES

LILASI KALA, SONBHADRA UTTAR PRADESH (231212)



Abhishek	
Coaching Classes	

1.	Full Name of Student:
	Date of Birth:
	Age: Years
4.	Class / Grade:
5.	Address:
	City / Village:
	Contact Number (Student):
Paren	t / Guardian Details
8.	Father's Name:
9.	Mother's Name:
10.	. Contact Number (Parent/Guardian):
	. Email (optional):
	. Course / Subject Enrolled:
	. Batch / Timings:
	. Admission Date:
	al Consent & Declaration :
Ι, the ι	undersigned parent/guardian of the above-mentioned student, hereby give my consent for my child to
enroll	in Abhishek Coaching Classes. I understand and agree to abide by the terms and conditions mentioned

a) ☐ Yes, I want my child to take monthly mock exams. I understand an additional fee of ₹300 per month

Terms & Conditions:

1. Fee Payment:

below.

Monthly fees must be paid between the 1st and 5th of each month.

b) \square No, my child will not participate in monthly mock exams.

If the fee is not paid by the 5th, a late fee of ₹50 per day will be applicable.

2. Withdrawal / Leaving Policy:

will be charged.

If a student leaves within the first 15 days of the month, half-month fee will be charged.

If a student leaves after 15 days, full month's fee will be charged.

Any outstanding fees must be cleared before leaving.

Declaration by Parent/Guardian:

I have read and understood all the above terms and conditions. I agree to abide by them and ensure that my child behaves responsibly. I also accept that Abhishek Coaching Classes management reserves the right to modify terms as needed.

Signature of Parent/Guardian

Signature of Student

REACH US AT MOBILE: +918957536528