



DLP Application Form (Session 2021-22)

Application form no:	21412208		Photograph	
Name of Applicant:	Adeen Farooq		 Paste a recent passport size photograph here	
Father's Name:	Mohammad Iqbal			
Mother's Name:	Farhat Iqbal	DOB:		31/07/2002
Gender:	Male	Medium:		English
Stream:	PRE-MEDICAL			
Course Name / Course Code:	MAJOR TEST SERIES FOR NEET (UG) PHASE-II / 6120			
Address:	194 Qazi Tola Old City City: Bareilly , District: Bareilly , State: Uttar Pradesh , Pin: 243005			
Contact Details:	Phone No. : - Mobile No: 6395890887			
Email:	adeenfarooq007@gmail.com			
Test Center City:	Bareilly			
CBT Center City:	Not Defined			

Fee Details (if fee is pay by DD)

DD No:	
Bank Name:	
Amount :	
Date:	
Note:- If fee is Paid by Challan, Please send photocopy of Student Copy of Fee Challan	

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 (Print/ Social media) 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 terms & condition as applicable.
- that I agree that no refund is Applicable in DLP Course of ALLEN.
- In any unforeseen circumstances, if conduction of exam is not possible at any particular center then exam may not be rescheduled.
- All rights to allocate / relocate the center is reserved with ALLEN.
- I agree that all dispute are subject to Kota (Rajasthan) jurisdiction only

Signature of Candidate

Date:

Signature of Father / Mother

Send the complete application form along with all required enclosures to the following address:

Administrator (DLP Division)

ALLEN Career Institute

SANKALP, CP-6, Indra Vihar, Kota - 324005

Rajasthan, India . Contact No. : 0744-2750275,3510275