SANIKA KNOWLEDGE FOUNDATION

Form. No.

Paste your recent Photograph

ENROLMENT -CUM- APPLICATION FORM

Name of test series course: _____

Full Name :_____

Father / Guardian's Name:_____

Date of Birth: _____/_____/_____ E-mail ID:_____@_____

Address:
Permanent:_____

_____

Correspondence:_____

_____

Name of course in which student is studying/ Passed:_____

Contact Number (Active WhatsApp Preferred): 1._____ 2._____

Name of College & Address:_____

_____

Test Centre:

SAIFAI		LUCKNOW		MEERUT		MORADABAD		PATNA	
DELHI		DEHRADUN		CHANDIGARH		BAREILLY		KANPUR	

* A candidate can select maximum three centres in their preference order. (Write 1, 2, 3 after centre name.
* A centre of their choice may be given to group of minimum 15 students for city in north India and 30 students for city in south India.

DECLARATION

I declare that (a) I am joining this test series voluntarily and no one has forced me to do this. (b) The above information is true.

_____ _____

Signature of Candidates with date Signature of Father/ Guardian

_____ Office Use _____

Course Fee: Payment received in Cash _____DD/Cheque No. _____Bank _____ NET Banking Transaction / UTR No. _____ Date _____

Signature and Seal of authority