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Foundation IIT-JEE Medical Registration Form (2024-25) Batch Regular Form (2024-25) Scholarship (if any) For TCCP / OCCP / ACCP / Foundation						RECENT
STUDENT INFORMATION PHOTOGRAPH						
Name						
Date of B	irth DD MM	YY	Mobile No.			
E-mail						
Address for Correspondence (in capitals)						
School Na	ame					
Class	IX X XI XII XII	☐ TCCP☐ OCCP☐	ACCP 🗆	English (Percentage)	Mathematics (Percentage) Please Attach Photo	Science (Percentage)
Whether you have participated in any Amity Olympiad/National Olympiad: (Yes 🔲 No 🔲), if yes, name of the Olympiad you participated in:						
S. No.	Name of the Oly	rmpiad	Year	Position	Grade	Rank Obtained
PARENT'S INFORMATION						
Father's N	lame		Mother's Name			
Occupation	on		Occupation			
Mobile No	0.		Mobile No.			
E-mail			E-mail			
PAN			PAN			
Permanent (in capitals)						
I hereby declare that all the particulars furnished above are true to the best of my knowledge and belief.Date : Place : Signature of Student Signature of Parents/ Gaurdian						
Admission No FOR OFFICE USE ON LY						
Fee Detail:						
S.No.	Amt. Paid in Cash/DD/Cheque	DD/Cheque det	ails	Balan	ce Amt.	Remarks
1						
3						