

ALEX CLASSES

Opp- Deep Hospital, Laxmi Cinema Road, Shri Nagar, IDAR,

ADMISSION FORM

Joining Date:- / /

(1) Name:- _____

(2) Address:- _____

(3) Mobile:- _____

(4) Birth date:- _____ Age:- _____

(5) Qualification:- _____

(6) Father's occupation:- _____

(7) How did you know about Alex classes? (Please tick (√) below)

(A) T.V. AD.

(B) NEWS PAPER AD.

(C) HOARDING.

(D) FRIEND.

If friend, please write his name and his place _____

(8) In which course would you like to enroll your name?

(A) ENGLISH SPEAKING

(B) IELTS / TOEFL

(C) School Text Book & Grammar

(D) Vacation Batch of English

(E) Competitive Exam Grammar

(9) What is your future plan after education? (Please Mention Below)

I acknowledge that above furnished information are 100% correct up to best of my knowledge. I have also read the terms and condition of the classes and I am completely agree with that.

Signature:- _____