

Student Joining Form

Akearisto Kids Education Private Limited
Website : www.aristokids.in Email : aristokids4u@gmail.com

Franchisee Name : _____

[illegible][illegible]

Date of Birth

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 Age

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 Gender

Male	Female
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[illegible]

Father's / Guardian's Name	
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[illegible][illegible][illegible][illegible]

										PIN CODE									
Telephone										Home									

Telephone	Home									Cell								

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☐ Abacus ☐ Vedic Maths ☐ Handwriting ☐ Magic Table ☐ Phonetics ☐ Others

Parent Signature

Office Copy

Student's Name

[illegible]

Residential Address

[illegible]

												PIN CODE								
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[illegible]

Telephone	Home									Oil									
	Cell									E-mail									

Cell _____ E-mail _____

Course Name: _____

DATE _____

[illegible]

Receipt No.

--	--	--	--	--	--	--	--	--	--	--	--

 Receipt Date

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Receipt No.

 Receipt Date

Payment Details.	
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Batch No.

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 Day

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 Time

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Admission Date							
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[illegible][illegible]

Place	
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Date : _____ (Subject to Hyderabad Jurisdiction)

Date : _____
Pl : _____

Place : _____

C.I. SIGNATURE

(NOTE -Without complete information this form is invalid)

Date : _____ Region : _____ Approved BY : _____

Date : _____ Region : _____ Approved By : _____

Place : _____	Checked By : _____	Director : _____
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