

Enrollment No.....

Admission cum Scholarship Test Roll No.....

# APPLE MEDICAL ACADEMY

13/183 F/3 Thirumurugan Colony Main Street, Thiru Nagar, Madurai – 625005

Phone : 8015256969, Email ID : appleacademymadurai@gmail.com

## REGISTRATION/ADMISSION FORM

### (FOR OFFICE USE)

Enrollment No.: \_\_\_\_\_

Batch No. : \_\_\_\_\_

Scholarship : \_\_\_\_\_

Please prefix your recent coloured passport size photograph

Study Centre :

This form is to be filled in CAPITAL LETTERS only

Course Name :

1. Name of the Student :

2. Date of Birth : Date   Month   Year

3. Father's/Guardian's Name : Ph. (Off)

4. Correspondence Address :

City : State : Pin :

Phone Number :

Mobile Number :

Email ID :

5. Permanent Address :

City : State : Pin :

Phone Number :

Mobile Number :

Email ID :

6. Percentage of marks obtained in IX :   %

X :   %

XI :   %

XII :   %

Parent Signature

Student Signature

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Affix your  
recent  
passport size  
photograph  
here.

## STUDENTS ENQUIRY FORM

COURSE APPLIED FOR

**BATCH OPTION**

Weekdays  Weekends

(Please Tick ✓ the relevant best)

(it is compulsory to fill the form clearly in CAPITAL LETTERS only)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  M  F Blood Group \_\_\_\_\_ Category \_\_\_\_\_  
(DD/MM/YYYY)

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Mobile (Parent's Number) \_\_\_\_\_ Mobile (Student's Number) \_\_\_\_\_

Mobile (SMS – for communication)\* \_\_\_\_\_ Email-ID \_\_\_\_\_

Address for Correspondence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

School Name & Address \_\_\_\_\_

Marks Obtained \_\_\_\_\_ (CBSE / ICSE / ISC / HS / Any Other)  
(Please Tick ✓ the relevant best)

Grader Obtained : Maths \_\_\_\_\_ Science \_\_\_\_\_ (CBSE Class X - XII)

**OFFICE USE ONLY**

Parent Signature

Student Signature