

S. R. EDUCATION, BATHINDA

Sita Ram House, St. No. 3, BibiWala Road, 40 Feet, Doctor Maheshwary Road, BATHINDA – 151001

S.R. House, Street No. 6/6 A, Main 100 Feet Road, Near GhoreWalaChowk.Bathinda

REGISTRATION FORM

Group Time:

For Office use only

Regd. No. _____

Batch Code _____

Date of Joining: ____/____/____

Photograph

- Name: _____ (*CAPITAL LETTERS ONLY*)
- Father's /Guardian's Name: _____
- Mother's Name: _____
- Father's / Guardian's Occupation: _____
- Correspondence Address
Parent's Address (Use Capital Letters Only)

Pin Code _____
- Mobile (Father): _____ Mobile (Student/P.G.): _____
Mobile (Mother): _____ Email ID: _____
- Date of Birth DD/MM/YYYY: ____/____/____ Father's DOB: ____/____/____
- Admission to Course:
(✓ Tick the appropriate)

Medical

Engg.

Other

10 + 1 (Theory + MCQ)

10 + 2 (Theory + MCQ)

10 + 1 (Theory Only)

10 + 2 (Theory Only)

MCQ Only

- Previous Academic Record:

Class	Year of Passing	Percentage
9 th		Math : Science :
OR		
10 th Pre-Board / 10 th		Math : Science :

* Enclose photocopy of marks sheet of 9th/10th (Pre-board) / 10th

RULES & REGULATIONS

1. FEE

1.1 Full fee to be paid in advance. Cheque should be endorsed in favour of “**S. R. Education, Bathinda.**”

Rules and Regulations.

1.2 (i) **Fee Refund / Deduction.**

Rs 5000 per month will be deducted if a student claims fee refund.

(Taxes are not refundable)

(ii) No fee refund after 60 days of starting the course.

(iii) Number of days attended will be counted up to the day student/parent apply for refund.

(iv) Refund will be paid by Cheque only. Refund Cheque will be sent within 7 working days after the refund application, to address of candidate in favour of his/her parents.

2. REPORTS AND PARENTS VISIT.

2.1 Enquiry. If any, be made during office hours (**9:00 AM - 1.30PM & 4:00 PM – 6:00 PM**) at office telephone i.e **0164-2241718, 99881- 84512**

OR at website **www.physicslalit.com** under “**Contact Us**”

OR SMS at 99881-84512

2.2 Parents must be accompanied by student for report/ discussion with prior Appointment.

2.3 Candidate/Parents can check monthly performance reports, Circulars and other information on website “**www.physicslalit.com**”. or **What’s app at 99881-84512.**

2.4 Any change in the address of correspondence or phone number should be communicated to the office immediately.

2.5 We also request the parents to visit us and pay their ward’s fee themselves.

3. GENERAL

3.1 In all matters concerning the studies as well as study material, the decision of the institute shall be final and binding on all students.

3.2 Admission of the student shall be cancelled if he/she

a. falls short of 80% attendance.

b. is in disciplined.

c. does not pay fee in time.

3.3 The medium of instruction is English.

3.4 The applicant should clearly understand that the course material supplied to him/her will be the copyright of the institute and he/she will not misuse or allow it to be misused in any manner to the detriment of M/s S.R. EDUCATION, Bathinda.

3.5 In contingencies, when a regular teacher is not available, a substitute shall do the needful.

3.6 The institute reserves the right to reject any application without assigning any reason.

3.7 Only we can make group shift arrangement into another parallel group.

3.8 Candidate is responsible for his/her vehicle or its fitments.

DECLARATION (For All Candidates)

I have gone through rules & regulations of the institute carefully, I do hereby solemnly affirm and declare to abide by the rules and regulations of the institute. I also affirm and declared to abide by all future instructions of the institute issued about the study programme and study material. I also declare that statements made in this registration form and the Bio data filled in overleaf are true and correct to the best of my knowledge and I shall personally be responsible for any false statement.

I also clearly understand that the course material supplied to me, shall be the copyright of M/s S.R. EDUCATION, Bathinda and I shall not misuse or allow it to be misused in any manner to the detriment of M/s S.R. EDUCATION, Bathinda.

Place: _____

(Signature of the Applicant)

Date: _____

(Signature of the Parent/Guardian)

I was recommended to this course by (Fill the appropriate):

Advertisement

(Name of Newspaper /Magazine) _____

A Friend

(Name & Address of recommending Person) _____

Principal / Teacher of My School

(Give Details) _____

Pin Code: _____ Phone: _____

Any other means

(Specify) _____

Photograph

Photograph

For Office Use Only

Fee Details

S.no	Amount	Cash	Draft/Cheque No. & Date	Bank Name	Receipt No.
01					
02					
03					
04					
05					

Monthly Performance

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12 th
Month, Year												
% of Marks												
Remarks												

Achievement Record of Candidate(Boards/ NEET/IIT etc.)

S.No.	Competition/ Roll No	Rank	Physics	Chemistry	Math	Botany	Zoology
1							
2							
3							
4							
5							

Final Admission:

Branch _____

Year _____

College _____

Misc. _____