Enrollment No: \_ (To be filled by office)



Affix your recent passport size photograph here.

AITS Roll No. .....

## All India Tost Series (AITS)

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IIT-JEE (Main)-2015-16	IIT-JI	EE (Ad		_					al) 20	)15-1	6 🗌	Α	MII.	S (N	/ledi	cal	)-20	15-	16
IIT-JEE (Main)-2015-17	IIT-JE	EE (Ad	v.)-201	5-17		AIPN	IT (M	edic	al) 20	15 -1	7 🔲	Α	IPM	T (N	<b>l</b> led	ical	) 20	15-	17 🗌
Online ☐ Offline ☐ (Please (✓) in the relevant box)																			
Write the Centre Coo	de where yo	ou wish to a	appear for	Test Serie (Offline)	S		Centre	Name											
Respected Sir, I want to enroll for All India Allen Test Series of ALLEN Classes, Patna. I have read the 'Terms & Conditions' of the Institute given overleaf and agree to abide by the same. My particulars are given below:  (It is compulsory to fill the form clearly in CAPITAL LETTERS only)																			
First Name .			it is compu	isory to ni	i the for	m cleari	y in CAP	TIAL LE	I TEKS ON	iy)									
First Name :							<u> </u>	<u> </u>				Ш	Ш	Ш	Н		Ш	Ш	
Last Name :						Щ	<u> </u>	_			Ш	Ш	Щ	Щ	Щ		Ш	Ш	
Father's/Guardian's Name :																			
Mother's Name :																			
Parent's/Guardian's Occupation	: (Father)																		
	(Mother)																		
Date of Birth*:   DD MM YYYY   Gender:   Male  Female Blood Group:   Category*:   GEN / OBC / SC / ST / PH)  (GEN / OBC / SC / ST / PH)																			
Residence Address:																			
(Permanent Address)												П	$\overline{\sqcap}$	П	П			П	
City:														$\overline{\square}$					
State :											Pir	1 CO	de :						$\Box$
Phone (R):							O)											$\overline{\Box}$	
	mber with S	STD Code)								(Nun	nber w	ith ST	D Coo	de)		_	_	_	
Mobile (Parent's)*:							Мо	bile (S	Studen	t):									
Mobile (SMS-for communication)*	:																		
E-mail (Parent/Student)*:																			
Correspondence Address:																			
(Please ignore if same as Residence Address)																			
City:																			
State :											Pir	1 CO	de :						
Student Class Category: XI Appearing XII Appearing XII passed (Please Tick (✓) the relevant box)																			
Concession Criteria: 5%	10%	15%	6 2	0%	25%		30%	35	5%	40%		Ot	hers						
Marks Obtained: % (ICSE/CBSE/BSEB Boards Class X,																			

Name of the School from where you appeared / appearing for class X / XII  Have you joined any other institute for preparation of Medical E  If Ex-allenist, Please mention your ALLEN Classes, Patna Roll N  How did you come to know about ALLEN Classes?			Ex-allenites Website Radio  Sincerely,								
Place:	FOR OFFICE	E USE ONLY	(Signature of the Student)								
Cash / Demand Draft No.:  Registration No.  Admission Place: Branch Info. Centre Promote		Drawn on: ce Receipt No.:  Name)									
<ol> <li>TERMS &amp; CONDITIONS</li> <li>That I am seeking admission in my own interest and</li> <li>Incomplete form will be rejected.</li> <li>It is compulsory for a student to attach a recent past the admission form.</li> <li>The student should also staple three extra photog form.</li> <li>All students enrolled for "All India ALLEN Test Series photocopy of admit card of AIPMT Entrance Entrance Exams. as soon as they receive their examining body.</li> <li>The responsibility of getting admission form forward is that of the student himself/herself or that of the Pa</li> <li>It is for the student himself/herself to see whether certain examination or not. The Institute does not a student's admission form cannot be forwarded or is body on any ground whatsoever. Such a student can whole or any part of the fee he/she has paid to the Ir</li> <li>Institute reserves the right to use the photograph student secures position/success in Medical Entrances.</li> </ol>	ssport size photograph on raphs with the admission s" will have to provide the exam. and other Medical r Admit Cards from the ded to the examining body arents / Guardian. Our he/she is eligible for a shold itself responsible if a rejected by the examining annot claim a refund of the institute.	misuse of mobile phones, mactivity  10. The choice of the centre filled will be final and no further required.  11. ALLEN Classes, Patna reserved programs without any prior not 12. Any change in the corresposintimated to Registered Office info@allenclasses.in quoting student.  13. Each student shall be given result & All India Ranking.  14. Fee once paid, shall not be refulted.  15. In case of any dispute, arising shall be referred to the sole ALLEN Classes, Patna. The second	ndence address or phone number should be ce through a written application or email a the Name, Roll No. and Centre Code of the Username and Password to check his / he								
Check List: 1. Three Passport Size Photographs alon 2. Photocopy of marksheet of class X/XII 3. Cheque on the name of 'ALLEN Classes' 4. DD in favour of 'ALLEN Classes' paya 5. Centre Code number and Centre Name 6. Must mention clearly the year i.e. for A 7. If you are an Ex-Allenite, attach a phot 8. AIPMT qualified / NTSE qualified / Olyn Classes, Patna Institute to avail conces I have read the terms & conditions of AESPL and various pages.	(self attested by the student es'. ble at Patna. e on Admission Form should All India ALLEN Test Series foocopy of Identity Card issued mpiad Toppers should attach ssion.	be properly filled. or AIPMT (Medical) 2015 or 2016. d by ALLEN Classes, Patna along with a a photocopy of proof of their qualific	cation along with the Admission Form of ALLEN								
(Signature of Parent/Guardian)		(Signature of the Student)									

Note: It is mandatory for the Parent / Guardian & Student to sign the Terms & Conditions.