



mind home®

Career Development Institute

[AN ISO 9001 : 2008 CERTIFIED INSTITUTE]

DDA Market, L-Pkt, Dilshad Garden, Delhi-110095

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JAS-ANZ



APPLICATION FORM

Form No. _____

Regn. No. /
(to be filled by the Office)

(to be filled-in by the student in CAPITAL LETTERS)

- Name : _____
- Father's/Husband's Name : _____
- Mother's Name : _____
- Student's Gender : Male Female Other
- Date of Birth : / / / Age : Yrs
- Educational Qualification : _____
- Present Address : _____

- Permanent Address : _____

- E-mail : _____
- Phone : 1. _____ 2. _____

11. Please tick the course you want to do
(Please mention the Course Code and Duration only)

Course Category	Course Code	Course Name	Dur(mths)
(i) Privileged	PC <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
(ii) Regular	RC <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
(iii) Web Designing	WDC <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
(iv) Programming	PLC <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
(v) Short Term	STC <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
(vi) Foundation (NIELIT)	FC <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
(vii) PC Management	PMC <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
(viii) Typing & Practice	TC <input type="checkbox"/>	Hindi English Practice	<input type="text"/>
(ix) Others	OC <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

TERMS & CONDITIONS

- The Regn. is valid for **1 year** or till the course period whichever is later.
- All fees payable in **advance** and **non-refundable**. No request for any refund shall be entertained in any case.
- If you are unable to complete your course within the prescribed period due to your own faults like absence, sickness, irregularity etc., you will have to pay extra fees for extended period.
- Continuous absence in classes without any information/leave application will lead to Suspension/Cancellation of your Registration and the same shall be renewed only after paying penalty and/or admission fee, as per the prescribed rules in the Institute.
- Certificate of Completion/Other Certificates may be obtained, as per the defined procedure, after paying the prescribed Processing Fee.
- In all matters the decision of the Institute shall be final and binding on all.
- The Institute reserves the right to cancel any Registration without assigning any reason.
- Any dispute can be settled under Delhi Jurisdiction only.

DECLARATION

- I have read all the Terms & Conditions and agree to abide by them.
- I understand that in the event of my information being found false or incorrect at any stage, my registration is liable to be cancelled and any fee deposited with the Institute shall be forfeited.
- I have no objection to receive any promotional/other calls/SMS/e-mails during and after completion of my course and share my information/memories documented by the Institute through its official website/social media in public interest.
- I hereby declare that the information furnished and the following documents submitted with this Application Form are legally True and Correct and nothing has been concealed or is misleading. I will show the original documents, if required.
1. One passport size photograph. 2. Copy of Voter ID/Aadhaar/DL/School-College ID/Any Govt. ID/Certificates etc.

Date : _____ (Guardian/Student's Signature)

(FOR OFFICE USE ONLY)

DOCUMENT RECEIPT/VERIFICATION	FEE RECEIPTS
Photograph (s) <input type="checkbox"/> Y / <input type="checkbox"/> N	Adm. Charges <input type="text"/>
ID Proof (s) <input type="checkbox"/> Y / <input type="checkbox"/> N	Lumpsum/Mon.Fee <input type="text"/>
Address Proof (s) <input type="checkbox"/> Y / <input type="checkbox"/> N	Promo Disc., if any <input type="text"/>
Originals Verified <input type="checkbox"/> Y / <input type="checkbox"/> N	Total Fee Payable <input type="text"/>
Starter Kit <input type="checkbox"/> Y / <input type="checkbox"/> N	Amount Received <input type="text"/>
Records Update <input type="checkbox"/> Y / <input type="checkbox"/> N	Balance, if any <input type="text"/>
Document Scanning <input type="checkbox"/> Y / <input type="checkbox"/> N	Pay. Mode <input type="checkbox"/> Cash <input type="checkbox"/> Cheq <input type="checkbox"/> Other <input type="text"/>
ADMISSION DETAILS	COURSE DETAILS
Rg.No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	C.Code <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Roll/Bat.No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Software <input type="text"/>
Dt.of Adm. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Time/Seat <input type="text"/> AM <input type="text"/> PM / <input type="text"/>
Dt.of Start <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	ID Issue <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Remarks, if any _____	
Date : _____ (Course Co-ordinator/Office In-charge)	