STARTUP ACADEMY

Start Your Carrier with Startup Academy

Affix
Passport Size

Photograph

*OPEN SCHOOLING (10Th & 12th)
*DISTANCE & ONLINE EDUCATION (ALL UG & PG)
*ATTESTATION (ALL KIND OF DOCUMENTS)

APPLICATION FORM

Please read the instructions before filling in your application form. Please write in BLOCK LETTERS.

1. Name (Reflect in Certificate) 2. Date of Birth (DD/MM/YY) 3. Gender : Male / Female 4. Nationality / Religion . 5. Father's / Husband's Name 6. Mother Name . 7. Blood Group . 8. Address . 9. Mobile . 10. E-Mail . 11. Courses . 12. Duration

Others

Please Specify:

Please submit a Copy of any photo ID mark the same

Passport Copy

Driving License

Submitted Documents:	
4.	
Terms & Condition:	
1.	These conditions govern your relationship with Startup Academy which may come into force thought any registration.
2.	For any cancellation after the registration with accreditation body, the registration fees/administration fees and any other charges applicable will be deducted.
3.	Cancellation of the registration for the course could only be done before the official registration with the accreditation body; In that case a refund of 50% of the total fees will be refunded.
4.	Startup Academy has the right to cancel the course due to any unavoidable situation or any unforeseen circumstances however Startup Academy Will re-schedule the course and will inform to all students in
5.	much advance as far as reasonability practicable. 30% of the total fees have to be paid at the time for enrolment with Startup Academy Otherwise Enrolment will not be done and also be allowed to sit in the class.
6.	Startup Academy will collect all personal information to data protection.
7.	Startup Academy is not liable for any incorrect entry by candidates in the "name in the certificate" column. Candidates will have to bear charges incurred for certificate name change due to incorrect entry in registration form.
Declaration	
I declare that the information herein is true and correct to the best of my knowledge. I accept the terms and conditions with the application document and I understand that this application is subject to approval by Startup Academy.	
Signat	ure: Date:
Payment Mode (Please tick the appropriate box)	
Cash	Demand Draft
Onlin	e Transfer Cheque
OFFICE USE ONLY:-	
Payment Mode (Please tick the appropriate box)	
Applica	ation No Date
Month of Joining	

Reject

Accept