

Registration Form

Candidate's Name: - _____

Candidate's Category (Ex: Gen/SC etc): - _____

Candidate Mobile Number:- _____

Permanent Address: - _____

Email Id: - _____

12th % :- _____

Select your Package:-

- ☐ Basic Package (Rs. 500)
- ☐ Advanced Package (Rs. 1000)

Entrance Exam Details (You have given):

Name Of Exam	Roll Number	Rank(All India Rank)

Branch Choice (According to the student):

Branch Name
1)
2)
3)
4)
5)

6)
7)
8)

State Choice (You can put more than 10 states as well by putting comma, put any for All states):

State Name
1)
2)
3)
4)
5)
6)
7)
8)
9)
10)

Counselor's Remark (For Office Use):

Received Date	
Golden Report Delivery Date	
Fees Confirmation	

Please ensure before mailing the registration form:

1. Complete Application form
2. Draft in favour of "Edukriti Learning Solutions Pvt. Ltd. Delhi" based on your package.

Address for sending complete application form:

Edukriti Learning Solutions Pvt. Ltd.
U-158, first floor, Vats Complex,
Vikas Marg, Shakarpur. Delhi-110092
Contact no: 08010703907

(Candidate's Signature)

(Counselor's Signature)