



# BRAIN WAVE PLUSE

Coaching / Tuition Classes (CBSE • ICSE)

Address: \_\_\_\_\_ Contact:  
\_\_\_\_\_

## STUDENT ADMISSION FORM

Admission No.	_____	Date	__/__/__
Class / Std.	_____	Batch Timing	_____

### 1. Student Information

Student Name	_____	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	__/__/__	Age	_____
School Name	_____	Board	CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> State <input type="checkbox"/>
Address	_____	Pin Code	_____
City	_____	State	_____
Student Mobile (if any)	_____	Email (if any)	_____

### 2. Parent / Guardian Information

Father's Name	_____	Mobile	_____
Mother's Name	_____	Mobile	_____
Guardian Name (if any)	_____	Relationship	_____
Occupation	_____	Annual Income	_____
Address (if different)	_____	Email	_____

### 3. Course Selection & Fee Details

Subjects Opted	_____	Mode	Online <input type="checkbox"/> Offline <input type="checkbox"/>
Package	All Subjects <input type="checkbox"/> Single Subject <input type="checkbox"/>	Subject (if single)	_____
Fee Amount (₹)	_____	Discount (₹)	_____
Payment Mode	Cash <input type="checkbox"/> UPI <input type="checkbox"/> Bank <input type="checkbox"/> Cheque <input type="checkbox"/>	Transaction / Cheque No.	_____
Paid Amount (₹)	_____	Balance (₹)	_____

### 4. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of Brain Wave Pluse .

Student Signature	Parent/Guardian Signature	Authorized Signature

Office Use: Documents Submitted (Tick): Birth Certificate  Aadhaar  Photo  Previous Marksheet  Other  \_\_\_\_\_