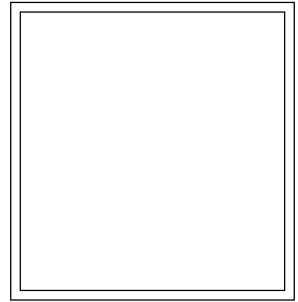


KNOWLEDGE HORIZON CLASSES

A NEW HORIZONS INDIA ENTERPRISE

Reg. Office: M-54, 2nd floor, GK-II (M-block Market), New Delhi - 110 048
Tel : 011-41809587 / 75 / 76, 43612400, www.khclasses.co.in



Admission form

Name: _____

Father's/Guardian's Name : _____

Father's Occupation : _____

Address of Correspondence : _____

_____ Ph.: (M): _____ (R): _____

How did you come to know about KH classes : Print Media Hoarding Internet reference others

E-mail ID : _____ Date of Birth : _____

Medium: English Hindi Class : _____ Stream : _____

Location: GK NBCC Noida Dwarka Others

Academic Details or least 2 years :

Class/Standard	Year of Passing	Name of the School	Subject	% of marks

Subject you wish to take coaching : _____

Batch Time : _____ Details of Fee : _____

I declare that particulars given above are true and correct to the best of my knowledge and belief. I have read the brochure and agree to rules and regulations stated therein. I clearly agree that fees once paid will neither be refunded nor adjusted against any other person or course under any circumstances.

Signature of Student : _____ Date : _____

For office use only

Course Fee: _____

Course Name: _____

Scholarship: _____

(Type: _____)

Net Fees: _____

Service Tax: _____

Total Payment: _____

Initial Payment: _____

Cash / Cheque

Amount:	
Cheque No.:	
Bank:	
Dated:	

Balance Due: _____

Payment Schedule:

S.No.	Amount	Date	Detail

Student Signature

Councillor Signature

Centre Head Signature

For office use only

Course Fee: _____
Scholarship: _____
Net Fees: _____
Service Tax: _____
Total Payment: _____
Initial Payment: _____

Course Name: _____
(Type: _____)

Cash / Cheque

Amount:	_____
Cheque No.:	_____
Bank:	_____
Dated:	_____

Balance Due: _____

Payment Schedule:

S.No.	Amount	Date	Detail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature

Councillor Signature

Centre Head Signature

For office use only

Course Fee: _____
Scholarship: _____
Net Fees: _____
Service Tax: _____
Total Payment: _____
Initial Payment: _____

Course Name: _____
(Type: _____)

Cash / Cheque

Amount:	_____
Cheque No.:	_____
Bank:	_____
Dated:	_____

Balance Due: _____

Payment Schedule:

S.No.	Amount	Date	Detail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature

Councillor Signature

Centre Head Signature