

Opted Course: _____

Correspondence Form

Name : _____

Address for Correspondence : _____

: _____

Permanent Postal Address : _____

Father's /Mother's Occupation : _____

Phone No. : _____

E- Mail : _____

Community : _____

Date of Birth : _____

Previous attempts/ Outcomes : _____

Optional subjects : Pre _____ Mains _____

Particulars of all examination passed commencing with Matriculation:

Examination Passed	Class or % of marks	Year	Subject	Name of School/ College

Please Specify the correspondence course option : _____

Differences in the variations of different packages :

	One time package	3 months	E- Mail facility ¹	On Line Course
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¹ E mail facility is limited to one interaction per week.

Variation in Contents	Only study material	Tests and model answers	Additional articles on various topics Problem solving through Mail	Study material Tests E mail facility One online lecture every week
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Fee in the form of DD in favour of “Abhimanu Visions (E) Pvt Ltd” must be sent along with application form , filled and signed by the candidate

Signature of Candidate

Remarks/Observation: (For office Use only)

Status of contact with the candidate:

General Impression:
