



Creation Autonomous Academy

# CREATION AUTONOMOUS ACADEMY

"TILL INDIA GET THE QUALITY EDUCATION"

Srijan Bhavan, Duluvamai, Kunda, Pratapgarh, Uttar Pradesh 230202

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 creationaa.sb@gmailcom

## COURSES

- |  |  |
|--|--|
| <input type="checkbox"/> Primary School                            | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> Diploma in Developmental Studies, (D.D.S) |  |
| <input type="checkbox"/> Diploma in First Aid, (D.FA)              |  |
| <input type="checkbox"/> Diploma in Computer Application, (D.C.A)  |  |

## PHOTO

## STUDENT INFORMATION

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

Gender ☐ Male ☐ Female Religion \_\_\_\_\_ Nationality \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Qualification \_\_\_\_\_ Occupation \_\_\_\_\_

## CONTACT INFORMATION

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## DECLARATION

I hereby declare that the information provided in this application form is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the cancellation of my enrollment.

Student Signature

Parent Signature

Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## NOTE

- Certified copies of academic transcripts/certificates
- Copy of Aadhaar ID
- Any other relevant documents (specify)