



Bharatiya Vidya
Bhavan

Reg. No.: _____

ACADEMY OF ANIMATION

K. G. MARG, NEW DELHI - 110001

FORM FOR REGISTRATION

Name _____
Last Name Middle Name (if any) First Name

Father's / Husbands Name _____

Date of Birth _____

Tel.: (R) _____ (O) _____

Mailing Address _____

Tel. No., if any _____ E-mail: _____
(Office) (Res.) (Mob.)

Occupation _____ Designation _____

Academic Qualification :

Examination Passed	Name of Board/University	Year	Division	Aggregate/ Percentage
Sr. Secondary				
Graduation : B.A./ B. Com./ B.Sc. etc				
Post Graduation : M.A./M.Com./M.Sc. etc				

Batch Timings (Tick any one)

1. **Weekdays** Batch (Tuesday to Friday)

(a) 07.30 a.m. to 9.30 a.m. (Morning Batch)

(b) 10.00 a.m. to 12.00 noon

(c) 07.30 p.m. to 09.30 p.m. (Evening Batch)

2. **Weekdays** Batch (Saturday & Sunday)

(a) 10.30 a.m. to 02.30p.m.

(b) 02.00 p.m. to 06.00 p.m.

Have you undergone any course offered by Bharatiya Vidya Bhavan. (Yes/No)
if yes; please mention the Course & session (Year of passing) _____

A copy of the Mark Sheet / Certificate of Higher Sac. (10+2) is attached. Information given is true & complete to the best of my knowledge.

Date _____

Place _____

Signature of Applicant

FOR OFFICE USE ONLY

Registration for / Reg. No. _____

Name of the applicant _____

Session _____ Batch Code _____ Batch Timings _____

Fee Plan 1 _____ Plan 2 _____ Plan 3 _____

Signature of Course Coordinator