



BANGAR'S PEN DRIVE CLASSES

REGISTRATION FORM

NAME : Mr./Ms.		Paste your recent photograph here.
Registration No. issued by ICAI/ICSI/ICWAI/Others :		
Date of Birth :		
Father/ Husband Details	Name	Sh.
	Occupation	<input type="checkbox"/> Govt. <input type="checkbox"/> Bank <input type="checkbox"/> CA/CS/ICWA <input type="checkbox"/> Business <input type="checkbox"/> Other _____
	Office Address	
Residential Address		
		City: PIN: State:
Contact Information (Mention STD Codes)	(R)	(Mob.)
	E-mail :	
Course of Study	<input type="checkbox"/> CA IPCC <input type="checkbox"/> CA FINAL <input type="checkbox"/> Other _____	
Subject(s)	<input type="checkbox"/> Taxation <input type="checkbox"/> Direct Taxes <input type="checkbox"/> Indirect Taxes	
Attempt when exam due	<input type="checkbox"/> May/June, 20..... <input type="checkbox"/> Nov/Dec., 20.....	

Instructions and Terms & Conditions :

- The Form is to be sent via e-mail at academy@aadhyas.com ALL FIELDS in this form are MANDATORY. Incomplete forms SHALL NOT be accepted.
- Once the USB [Pen Drive] is activated, fees paid is not refundable nor adjustable against any other dues under any circumstances whatsoever.
- All disputes are subject to Jaipur jurisdiction.

I have read the aforesaid instructions and undertake to abide by them.

.....
(Signature of student)