



BRILLIANCE ACADEMY

Approved Counselling Centre (SDE) University of Calicut

FORM - I



- SECONDARY COURSE
- SENIOR SECONDARY COURSE
- NIOS
- NWAC

ACADEMIC COURSE DISTANCE EDUCATION

- APRIL - MAY EXAM
- OCT - NOV EXAM
- ON DEMAND EXAM

YEAR

1. Name of Candidate (Capital Letters) :
2. Fathers Name (Capital Letters) :
3. Mothers Name (Capital Letters) :
4. Guardian Name (Capital letters) for Orphan :
5. Postal Address^{ESS} :

 Pin
 E-mail
6. Contact Number : Phone
 Mob
7. Age & Date of Birth :
8. Gender :
9. Course Applied for :
10. Medium of Study :
11. Mother Tongue :
12. Nationality :
13. Religion :
14. Your Previous Qualification :
15. Fathers Education Qualification :
16. Mother Education Qualification :
17. Place of Residence :
18. Employment :
19. Annual Family Income :

ACADEMIC COURSE

The Examination Center Selected District :

Choose Subjects

Sub I :

Sub II :

Sub III :

Sub IV :

Sub V :

Xth Board Exam Details (Senior Secondary Course Only) :

(a) Year of Passing

(b) Roll Number

(c) Board

Registration Fee. Details :

Mode of Fee. DD / CASH. Reg. fee. Rs.

DD No

Date of Bank Draft

Bank Name

Permanent Address :

Pin

DECLARATION OF STUDENT / PARENT

I hereby declare that, I am enrolling myself for the correspondence course of distance education. I have gone through the brochure and website of this course and I have fully understood it. I agree and accept the terms and conditions said in the brochure and website. I also agree that it is my personal responsibility to study the course and to pass the examination.

All disputes and claims will be resolved by way of Arbitration according to the Arbitration and Conciliation Act, 1996 and the Jurisdiction will be in Ernakulam district. If the applicant violates any of the terms of the rules and regulations of the course he / she is likely to be terminated and no part of the fee collected would be refunded. The institution will not be liable for any failure due to act of God, act of Government or Statutory undertaking or anything beyond the institution's control, nor we would be liable for any incidental or consequential loss or damage arising out of this.

Signature of Student _____ Signature of Parent _____ Date

Place

LIST OF DOCUMENTS WITH APPLICATION (Specify No. of Copies)

1.
2.
3.
4.

OFFICE USE ONLY

Application Reference Number

Student Registration Number