



**IMTC ELEMENTARY**  
**CHENNAI**



Aakam Montessori Learning Centre, No. 35/c, 3rd street, IIT colony, Narayanapuram,  
Pallikaranai, Chennai 600100

## REGISTRATION FORM

(USE CAPITAL OR PRINT LETTERS)

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  Nationality: \_\_\_\_\_

State: \_\_\_\_\_ Pincode: \_\_\_\_\_ Country: \_\_\_\_\_

Proof of ID: Aadhar / Passport / Driving License or others (specify): \_\_\_\_\_

ID No: \_\_\_\_\_

Postal address (for correspondence): \_\_\_\_\_

Contact No: \_\_\_\_\_ Alternative Contact No: \_\_\_\_\_

Email ID: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_

Qualification:	Name of Institution/Place	Year of Passing	% Scored
Higher Secondary	_____	_____	_____
Graduation	_____	_____	_____
Post Graduation	_____	_____	_____
Others (specify)	_____	_____	_____

Languages known

To speak: \_\_\_\_\_

To read: \_\_\_\_\_

To write: \_\_\_\_\_

Work Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach the following along with the registration form**

1. Two copies of the passport size photograph (recently taken). These photographs must mention the name and contact number of the applicant
2. A hand-written essay (in English) of about 300 words giving a biography of the applicant, reasons for wanting to do this course and expectations from it.
3. Copies of the certificates and mark sheets ( higher secondary, Graduation in any discipline, other qualifications ), duly attested by a gazetted officer or notary.
4. A medical certificate of good health and fitness
5. Duly signed consent form.

Please provide UTR reference No. For having paid the registration fee of INR 5,000.

UTR No. \_\_\_\_\_

Or attach a copy of NEFT transfer advice containing UTR No.

Registration fees: Rs. 5000/-

Payable to:  
Bank and branch: ICICI velacherry,  
Beneficiary name: AAKAM  
MONTESSORI LEARNING CENTRE LLP  
Account no.: 777705492013  
IFSC Code: ICIC0000385

I have gone through the terms and conditions as described in the prospectus and have understood them. I hereby agree to abide by the rules and practices of this course.

Sign: \_\_\_\_\_

Place: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For office use only**

Admission No: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Remarks: \_\_\_\_\_