



SMART BRAIN ACADEMY

Head Office: 162, M.G.R Street, Kavarapalayam, Ariyalur District - 608901

Mobile: 6381989139, 9150250198

AN ISO 9001:2015 CERTIFIED INSTITUTION

ADMISSION APPLICATION FORM

Admission No: _____ Date: _____

Student Name (Caps): _____

Date of Birth: / /

Gender: ☐ Male ☐ Female

Recent Passport
Size Photo

PARENT / GUARDIAN INFORMATION

Father's / Guardian Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Residential Address: _____

Primary Mobile No: _____ Alternative No: _____

WhatsApp Number: _____ Email Address: _____

ACADEMIC BACKGROUND

School Name: _____

Standard: _____ Medium: ☐ Tamil ☐ English ☐ Other

PROGRAM / COURSE ENROLLMENT

- | | | |
|--|--|--|
| ☐ Abacus (Soroban 1:4 System) | ☐ Vedic Mathematics | ☐ Spoken English |
| ☐ English Grammar & Phonics | ☐ Hindi Language | ☐ Handwriting (Print/Cursive) |
| ☐ Thirukkural Classes | ☐ Tamil Literature & Ethics | ☐ Summer Camp Programs |

FOR OFFICE USE ONLY

Course Allocated	Batch Day & Time	Fees Received (₹)	Receipt No. & Date

Declaration: I hereby declare that all information provided is true to the best of my knowledge. I agree that my child will abide by the rules, discipline standards, and timing guidelines established by the Smart Brain Academy management.

Date & Place

Parent / Guardian Signature

Authorized Signatory