



Neev- Scholarship Cum Admission Test

Registration Form

Affix your recent Passport Size Photograph

1. Name of the Candidate (Full) : _____
2. Date of Birth : _____ (DD/MM/YYYY) Gender : : Male /Female
3. Class Moving to (2016-17) : _____
4. Percentage/Grade in Previous class : _____
5. Name of School studying : _____ Board : CBSE/State/ICSE
6. Mobile Number (Parents) : _____
7. E-mail ID : _____
8. Correspondence Address : _____

Declaration by the Candidate

I hereby declare that the information given by me in this application form is complete and accurate to the best of my knowledge and belief. I fully understand and agree that misrepresentation of any fact will justify the denial/cancellation of my enrollment for the examination.

Candidate's Signature

Parent/Guardian's Signature



Admit Card

1. Name of the Candidate (Full) : _____
2. Class Moving to : _____
3. Test Center : Neev Foundation , Wardha
4. Examination Date : _____
5. Examination Time : 10 am -11.45 pm.

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Roll No. (Leave empty)

Instructions :

1. Reach the examination hall at least 15 minutes before the scheduled time.
2. Carry blue or black pen for marking the correct answers.
3. If the candidate is found using unfair means , he/she will be liable to be debarred from the examination.