

12. Date:-----Place:-----

## Dr. JK Global Academy

(A Centre for Academic Research & Excellence)
(Under Dr. JK Educational & Charitable Trust, Reg. No: 1616 of 2012, Founder President: Professor Dr. V. Jayakumar, Ph. D.) #23, Main Street, Anna Memorial Nagar, Puzhal Camp, Chennai – 600 066, TN, India.

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(Our services: Educational Research & Development, Talent Search Examinations, Seminars, Conferences etc.)

		Registration Form (for Individual / Private participants)	
	Name of the participant:		
	Student or Parent: (Tick Mark) Student: Parent:		
. C	Class Studying:		
. N 	Name and address of the school:		
 . R 	esidential &	postal address:	
	•	ne number:	
. N	lumber of e	vents want to participate (From S.No 1 to 18):	
. D	Description of participating events:		
	S.No. of the event	Name of the events (Single student can participate maximum of all events also. If the space is not sufficient here, separate enclosure can be made.)	Fees / Event
		Total number of events want to participate:	Total fees Rs:
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