

MUMBAI DEFENCE ACADEMY



For Office use only

Registration No.:

*** NATION BEFORE SELF ***

*** 30% Discount on Fees for wards of Exservicemen / Girls / Wards of Maharashtra Police**

<p style="text-align: center;">COURSE OPTED</p> <hr/> <hr/> <hr/>	<div style="background-color: #0056b3; color: white; padding: 10px; border-radius: 10px; display: inline-block;">REGISTRATION FORM</div>	<p>Paste your recently taken passport size color Photograph</p>
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Name of the Student (In block letters)

Father's Name (in block letters)

Father occupation

Sex Male Female

Date of Birth in Figures) Words

Category Gen. SC ST PH EX.SER OBC DP

LOCAL ADDRESS [IN CAPITAL]

City _____

State _____ Pin

Mobile No (Personal) _____

Mobile No. (Guardian) _____

E-mail address _____

PERMANENT ADDRESS [IN CAPITAL]

City _____

State _____ Pin

Mobile No _____

Tel. No. _____

E-mail address _____

ACADEMIC DETAILS

Examination	Board	Year of Passing	Subject	Max Marks	Marks Obtained	% age Marks	% age Marks (Sc.+Maths)/PCM
X Class			Science				
			Maths				
			Science Maths				
XII Class			Physics				
			Chemistry				
			Maths				

Name and address of the school where studying presently (or last attended):

ACADEMY ADDRESS CONTACT NUMBER

Landmark : 801 / 802, Sector - 07, Kharghar, Navi Mumbai - 410210 • Tel . : 9833877339 / 9833008000

FOR GRADUATE ENTRY / TA

STREAM : _____

UNIVERSITY : _____

YEAR OF PASSED : _____

PERCENTAGE : _____

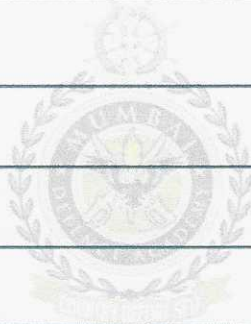
**FOR MEDICAL CORE - AFMC
POST MBBS / MD ENTRY**

STREAM : _____

UNIVERSITY : _____

YEAR OF PASSED : _____

PERCENTAGE : _____



MUMBAI DEFENCE ACADEMY

FOR SHIPPING ENTRY

10th _____

12th (PCM) _____

BTECH _____

STREAM _____

PERCENTAGE _____

UNIVERSITY _____

Modes of Communication

- E-mailing at Mail Id : inquiry@mumbaidefenceacademy.com
- Through Tele - survey/feedback - 9833877339 / 9833008000
- Live Help on website : www.mumbaidefenceacadmey.com

DETAILS OF ACADEMIC ACHIEVEMENT (IF ANY)

NDA Qualified Yes No If yes, upto which level _____

AIR FORCE / NAVY Exam Year: _____ Qualified: Yes No if Yes then Rank: _____

SSB Appeared Year: _____ Qualified: Yes No if Yes then Rank: _____

Other (Specify) Examinations : _____ Rank : _____ Year : _____
 Examinations : _____ Rank : _____ Year : _____
 Examinations : _____ Rank : _____ Year : _____
 Board _____ Class: _____ Position: _____ Year : _____

Merit/Position in Board _____

Other Academic awards _____

IMU EXPERIENCE _____

PERSONAL ABILITIES _____

STRENGTH & WEAKNESS _____

DECLARATION BY THE APPLICANT

1. I am seeking admission in my own interest
2. All the information furnished in this Application form is correct to the best of my Knowledge
I understand that in the event of any information found to be incorrect my admission may be cancelled without refund of Fees
3. I agree to abide by the policies, rules & regulations of the Institute as amended from time to Time
4. In all the matters the decision of MUMBAI DEFENCE ACADEMY Director shall be final and binding

Signature of Student

Signature of Gurdian

Date : _____ Place : _____

Date : _____ Place : _____



- FOR OFFICE USE ONLY
- NOT TO BE FILLED BY CANDIDATES

MUMBAI DEFENCE ACADEMY

Registration No _____
Course Name _____

Centre Name _____
Test Date _____

Paste your recently taken
Passport size colour
photograph

Student Name _____

Address _____

Signature (Student)

Authorized Signatory (with seal)