

RAXA Academy offers One Year DDU-GKY Residential Course Free of Cost for **Assignment Manager & Security Officer 2018-19** (Course approved by ORMAS, Odisha)

APPLICATION FORM FOR ADMISSION FOR THE YEAR 2018 - 19

Please Note:

- 1. Fill the information in BLOCK letters only
- 2. Check for correct address, phone number, email id and all other details
- 3. Retain a copy of the filled application form for your reference. If any field is not applicable to you, write "NA".
- Incomplete application forms will be rejected.
 Open for Male graduates not more than 30 years of age as on 1st June'2018. (Students with NCC certificates and from Science, Engineering, Commerce and Law streams are preferred)

Please paste your recent passport size photograph here

PERSONAL INFORMATION

Name in CAPITAL letters	as given in SSLC or equ	uivaient certificate (i	leave blank space betw	een name and init	iais)
Place of birth (Mention t	 the name of the villa				
Blood group:		=			
State:	-				
Nationality:					
Languages known to read	•		•		
Languages known to Writ					
Aadhaar Card Number (N					
Father's name:	• • • •	•			
Father's occupation:		Mother's nam	e:		
Address for communicati	on:				
District:		State:	PIN		
Phone No. with STD co	ode:		Mobile No	o	
Email ID					
Permanent address:					
District:	Sf	tate:	PIN		
Phone No. with STD code	::				
The area of your permand PLEASE TICK	ent residence comes u		Rural Urban		
Academic Information (A			rtificates):		
Qualification	Main Subject & Ancillary	Name of the Institution	Board / University	Year of Passing	Marks in % or Grades
SSLC / Equivalent					
+2 / Equivalent					
Graduation (Specify Degree)					
any other qualifications			1	1	1
vious experiences, ny					
nievements/Extra-curricul					

DECLARATION/CONSENT BY THE PARENT / GUARDIAN					
I,	hereby				
give my consent for undergoing training and take the responsibility of my son/ward who is seeking admission in RAXA ACADEMY. Further, I declare that the information furnished by him is correct and true and that, if in the future, any information is found to have been furnished falsely or incorrectly or any information is found suppressed to secure admission, I shall withdraw my son/ward from the program without any claim or consideration of the period of study / stage of the program he/she has completed and in addition, I shall be liable to pay Training cost, Boarding/lodging cost to Raxa for the period of his stay at Raxa Academy.					
Place:	Signature of the Parent/Guardian				
Date:	Name:				

Send in your completed application form to:

Commandant, Raxa Academy, Kodikonda Check Post, (NH-7), Morampalli PO, Chilamattur Mandal, Hindupur Taluk, Ananthapur, Dsitrict Andhra Pradesh – 515601

OR

Send scanned copies of your completed application form to:

Email ID: assignmentmanager.raxaacademy@gmail.com

For any information contact:



+91-8106565354



assignmentmanager.raxaacademy@gmail.com



+91-7750010434



http://www.raxatechnosecuritysolutions.in/