

DECLARATION BY THE APPLICANT

I, _____ son of _____ hereby declare that the particulars given by me in the application are true & correct. I shall produce the original certificates at the time of admission or on demand. If, in the future, any information is found to have been furnished falsely or incorrectly or any information suppressed to secure admission, I shall withdraw from Training without demanding any claim or compensation and in addition, I shall be liable to pay Training cost, Boarding/lodging cost to Raxa for the period of stay at Raxa Academy.

Place:

Signature of the candidate:

Date:

Name:

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, District
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/>