

ICAD

Creating & Nurturing Talent

PASTE
A GOOD QUALITY
RECENT COLOUR
PHOTOGRAPH OF
SIZE 3.5 X 4.5 CMS

COMPETITIVE POTENTIAL ASSESSMENT (CPA) TEST

ICAD CENTRE : _____

CPA APPEARING FOR : 8th Moving ☐ 9th Moving ☐ 10th Moving ☐ 11th Moving ☐ 12th Moving ☐

CPA STREAM : Engineering ☐ Medical ☐ Foundation ☐

CPA EXAM DATE : _____

CPA EXAM CENTRE : _____

REGISTRATION NO. : _____

CPA ROLL NO. : _____

1. Name of the Candidate (in Block Letter) : _____

FIRST MIDDLE LAST

2. Date of Birth : DD MM YYYY Gender : Male ☐ Female ☐

3. Caste Category : Open ☐ SC ☐ ST ☐ NT ☐ VJ ☐ OBC ☐ Other ☐ _____

4. Address for Communication : _____

City : _____ District : _____

State : _____ Country : _____ PIN No.: _____

5. PHONE NO. : * Communication No : _____ Parent : _____
(For Official SMS & Parent Connect App)

Student : _____ Landline : _____

6. Parents Email Id : _____

7. Student Email Id : _____

8. Name of School/College : _____

Branch : _____ City : _____

9. Details of Previous Exam : Standard : _____ Percentage : _____

Medium : English ☐ Semi English ☐ Other _____

10. Board Preference for XI Std. : Board : Mah. State ☐ CBSE ☐ ICSE ☐ Other _____

11. Details of any State / National Level Scholarship Exam Appeared / Qualified : _____

12. For Repeater students

JEE Main Marks & Rank : _____

JEE Advanced Marks & Rank : _____

NEET Marks & Rank : _____

13. Family Details

	Name	Age	Education
Father	:	_____	_____
Mother	:	_____	_____
Brother (s)	:	_____	_____
		_____	_____
Sister (s)	:	_____	_____
		_____	_____

14. Father's Occupational Details

: Agriculture ☐ Business ☐ Doctor ☐ Engineer ☐ Law Practice ☐
Teaching /Research ☐ Public / Govt. ☐ Private ☐ Defence ☐ Others _____

Name of Company : _____ Designation : _____

15. Mother's Occupational Details

: Agriculture ☐ Business ☐ Doctor ☐ Engineer ☐ Law Practice ☐
Teaching /Research ☐ Public / Govt. ☐ Private ☐ Defence ☐ Housewife ☐

Name of Company : _____ Designation : _____

16. Parent's Total Annual Income

: Up to Rs.1 Lac ☐ Rs.1 lac-5 Lac ☐ Rs.5 lac- 10 lac ☐ Above Rs.10 lac ☐

17. Do refer your Friends

: Name _____ Phone No. : _____

Std.: _____ School Name _____

Name _____ Phone No. : _____

Std.: _____ School Name _____

18. Reference

: Article ☐ Friend* ☐ ICAD Student* ☐ Other* ☐ _____

Would you like to refer your friend? Yes ☐ No ☐

Name of Student : _____ Contact No. : _____

Name of Student : _____ Contact No. : _____

DECLARATION

1. I hereby declare that all the particulars stated in this CPA Enrollment Form are true and correct to my knowledge & belief.

2. Competitive Potential Assessment (CPA) Test Fee will not be refunded /adjusted against any other course/centre

Date : _____

Date : _____

Signature of Candidate
in running hand.

Signature of Father / Mother
in running hand.

OFFICE USE

CPA Registration Fees : ₹ /-

Receiver Name : _____

Date : _____

Signature : _____