

Recent passport size Photograph with signature

**Vision IASTM**

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**REGISTRATION Form**

**NOTE: PLEASE FILL ALL DATA IN CAPITAL LETTERS ONLY**

**LEAVE SPACE BETWEEN FIRST, MIDDLE AND LAST NAME**

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| **Contact No.:** |  |  |  |  |  |  |  |  |  |  | **Medium of Expression:** |  |  |  |  |  |  |  |

***Course Applied For:***

***Module Code(s):***

***Note:***

* *Please* ***send Challan Slip provided by bank*** *via email after the payment of the fee to* [registration@visionias.in](mailto:registration@visionias.in) *along with ID proof (Passport/PAN card/Voter ID/Aadhar card) copy (image/pdf). We won’t process your request unless we get the fee receipt and ID proof copy. We will enroll you once we get payment confirmation from bank.(Normally bank takes 2 working days to confirm the payment)*
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* *Login id & Password for Classroom & Test series programme will be sent via email after completing the admission process.*
* *You need to provide your details on your online platform as and when required.*
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**Date : ………………...................... Signature: …………...........………………**

**PROCEDURE FOR REGISTRATION**

Please send complete registration form through **e-mail:** [registration@visionias.in](mailto:info@visionias.in) or by post to below address.

**MODE OF PAYMENTS: Deposit** the fee by opening URL **https://m.p-y.tm/vias\_web / eazypay.co** and search for 'VISION IAS', fill the required details and make the payment by any of the available methods. You may also send **DD** (in favor of: **AJAYVISION EDUCATION PRIVATE LIMITED)** along with the form to below address.

**Address: Registration Desk, VISION IAS,** 2nd floor, Apsara Arcade, 1/8 B Pusa Road, Karolbagh, New Delhi: 110005

Vision IAS STUDENT CARE NUMBER : 8468022022,9019066066