

## Registration Form

Date:

1. Full Name:

Sex: M  F

2. Address:

3. Date of Birth (DD/MM/YYYY):

Nationality:

Citizenship ID No:

4. Name of the course:

5. Email Address:

6. Contact Number:

Emergency Contact Number:

7. Qualification:

8. Organization(if Employed):

Designation:

Years of Experience:

9. Guardian's Detail:

Name:

Relationship:

### Documents required

Copy of CID and any other documents required as per curriculum

Registration fees.....

By Cash

Cheque  (Cheque No).....

Bank to bank transfer(Mobile)Bank Name..... Journal No.....

I here by declare that the above mentioned details are true and correct to the best of my knowledge and believe. I agreed to pay the full course fees in the event if I leave the course half wa

**\* Registration fees is not refundable**

Signature of the Trainee

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