# **Enrollment Form**

(Fill the application in capitals)

1.  NAME            :  _____

               (Name)        (Middle name)        (Surname)

2.  FATHER'S NAME   :  _____

3.  a) DATE OF BIRTH  :  _____

       b)  AGE IN YEARS    :  _____

4.  ADDRESS         :  _____

                            _____

                            CITY: _____ PINCODE: _____

5.  CONTACT DETAILS  :  RESIDENCE  :  _____

                            MOBILE        :  _____

                            E-MAIL ID    :  _____

6.  ACADEMIC QUALIFICATIONS:  (In ascending order)

| Exam Passed | Year of Passing | University/ Board | Specialization | Percentage/CGPA |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

7.  TRAINING/CERTIFICATIONS (If any)

| Training | Year of Passing | Institute | Specialization | Percentage/CGPA |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |

8. TECHNICAL EXPOSURE/PROJECTS HANDLED

| Name of Project | Language Used | Database | No. of Team Members |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

9. PROGRAM YOU ARE INTERSETED IN: (Please tick mark against the interested technology)

| **Apple iPhone**<br>Course Fee: INR 25000/- | **Google Android**<br>Course Fee: INR 24000/- | **Web 2.0/3.0**<br>Course Fee: INR 19000/- |
|---|---|---|
| | | |

10. PAYMENT MODE:    Check ☐        Cash ☐

11. NET AMOUNT TO BE PAID:    _____(*if paying full fee amount*) ☐

12. NET AMOUNT TO BE PAID:    _____(*if paying in installments*) ☐

I have paid INR _____as first installment fee on _____and the second

(which is the last) installment, INR_____will be paid by me in the month of _____ .

I hereby declare that all statements made herein above are true, complete & correct and are not false or misleading. I understand that in the event of any information so furnished being found false or incorrect, the company shall be at liberty to dismiss me from the training besides proceeding against me for giving false and incorrect statements, under the appropriate law.

SIGNATURE:          _____

NAME        :          _____

DATE         :          _____

PLACE        :          _____