

Registration Application Form

Registration No-(Office Use Only): _____ Date of Registration: _____

Course Enrolment for-

FASHION DESIGN	INTERIOR DESIGN	PHOTOGRAPHY	ARCHITECTURE VIZ	ANIMATION & FILM MAKING
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PERSONAL DETAILS (FILL THE FORM IN CAPITAL LETTERS)

Full Name: _____

Date of Birth (DD/MM/YY) _____ Gender: _____

Marital Status: _____ Religion: _____

Educational Qualification: _____

Telephone Number :(Res) _____ Mob: _____

Occupation :(Working): _____ Student _____ Other _____

College Name/Organization Name: _____

Local Address: _____

Father/Husband Name: _____

Father/Husband Occupation: _____ Mob No: _____

Permanent Address: _____

Local Guardian: _____ Mob No: _____

Local Guardian Address: _____

Course Enrolment: _____ Batch Prefer time: _____

Term Of Course: Long Term/Short term Centre Location: _____ Date: _____

Mode of Payments: (Lump Sum) _____ Loan _____ Installments _____

Remark's _____

Applicant Signature