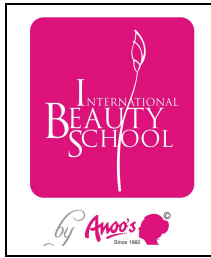


Office Use { Enrollment No: _____
Date: _____



ENROLLMENT APPLICATION

Plot # 90, 3rd & 4th Floors, Sai Plaza, Punjagutta Main Road, Red Rose Café Lane, Sangeeth Nagar, Somajiguda, HYDERABAD – 500 082. Tel: 040-23316147 / 6184

FULL NAME: _____

(FIRST NAME)

(LAST NAME)

(SURNAME)

ADDRESS: _____

PHONE: (RESI) _____ (OFFICE) _____ (MOBILE) _____

DATE OF BIRTH : _____ E-MAIL ID : _____ MEDIUM : _____

HOW DID YOU HEAR ABOUT THE SCHOOL? _____

CONVENIENT TIME TO REACH YOU:

ARE YOU WORKING / HOUSEWIFE / STUDENT:

ABOUT YOUR FAMILY:

EDUCATIONAL QUALIFICATION:

LANGUAGES KNOWN:

WHICH COURSES ARE YOU INTERESTED IN?

A) M SC B) INTERNATIONAL COSMETOLOGY C) ADV DIP C

D) SPECIALISED COURSES E) PERSONAL GROOMING

F) OTHERS

DURING WHICH MONTH _____ AND YEAR _____ YOU WOULD LIKE TO START THE CLASSES?

APPLICANTS SIGNATURE

DATE

Office Use Counselor Name: _____

Authorized Signature: _____