

# Free Course Registration Form

## Applicant Details

- Name: \_\_\_\_\_
- DOB: \_\_\_\_\_
- Contact Email: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_

## Course Information

- Desired Course Name: \_\_\_\_\_
- Course ID: \_\_\_\_\_
- Session: \_\_\_\_\_

## Academic History

- Last Attended School/College: \_\_\_\_\_
- Qualification Obtained: \_\_\_\_\_
- Year: \_\_\_\_\_

## Payment Details

- Method of Payment: ☐ Cheque ☐ Cash ☐ Online Transfer
- Fee Amount: \_\_\_\_\_
- Proof of Payment (attach file if online form): \_\_\_\_\_

## Consent & Confirmation

I confirm that the information provided is accurate and true.

- Applicant Signature: \_\_\_\_\_
- Date: \_\_\_\_\_