

INFORMATION FORM

Mr./Ms./Mrs.: _____
(First Name) (Middle Name) (Last Name)

Address : _____ Mobile No.: _____
_____ Alt./P. No.: _____
_____ Email ID.: _____
_____ Birth Date.: _____

Occupation : ☐ Students ☐ Housewife ☐ Retired ☐ Employed / Business ☐ Unemployed ☐ _____

Courses Interested : _____

Qualification : _____

School / College : _____

How do you come to know about IT Centre

☐ Banners ☐ Reference ☐ Walk In ☐ Relatives & Friends ☐ Events ☐ _____

Reference Details :-

| Name of Students | Contact No. | Qualification | Course Interested |
|------------------|-------------|---------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Preferred Batch Timing : ☐ Morning ☐ Afternoon ☐ Evening ☐ Late Evening ☐ _____

Signature : _____

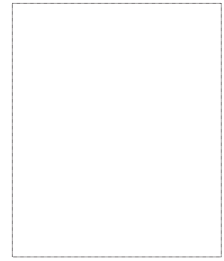
FOR OFFICE USE ONLY

Date : _____ Time : _____ Handled By : _____

Course Fees : _____ Discount Offered : _____

Course suggested _____

Remarks : _____



ADMISSION FORM

ElITVT Reg. No. : _____

NAME OF THE STUDENTS : _____
(NAME) (FATHER'S NAME) (SURNAME)

ADDRESS : _____

_____ CITY _____ PIN _____

TELEPHONE NO. (R) : _____ E-MAIL ID _____

(O) : _____ MOBILE _____

DATE OF BIRTH : _____ AGE _____

QUALIFICATION : _____

ADDITIONAL QUALIFICATION : _____

REFERENCE : _____

DATE : _____ STUDENT'S SIGNATURE _____

ADMISSION DETAILS

Course Fees : _____ Down Payments : _____

No of Installment: _____ Installment Date: _____ Installment Amt: _____

Course Taken: _____ Batch Time : _____

Scheme Given: _____

Incharge Name : _____