

REGISTRATION FORM

(ALL MENTIONED FIELDS ARE NECESSARY, KINDLY FILL IN CAPITAL LETTERS ONLY)



APPLICATION DATE: _____

FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

MOBILE NUMBER: _____

RESIDENTIAL ADDRESS: _____

CITY: _____ PIN CODE: _____

KINDLY SELECT THE COURSE YOU WOULD LIKE TO REGISTER FOR:

1. Kaya Signature Skin Care Regime - Level 1

2. Kaya Signature Skin Care Regime - Level 2

3. Course On Skin Rejuvenation & Luminance

4. Course In Skin Laser Hair Reduction

APPLICANT SIGNATURE:

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QUALIFICATION DETAILS:

	SCHOOL/ COLLEGE NAME	YEAR OF PASSING	PERCENTAGE
10th STANDARD			
12th STANDARD			
GRADUATION			

Any Other Qualification: _____

Are you currently employed? If yes, please provide details:

HOW DID YOU HEAR ABOUT US?

WEBSITE NEWSPAPER SOCIAL MEDIA

WORD OF MOUTH ADVERTISING

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FOR OFFICE USE ONLY

STUDENT REGISTRATTION NUMBER: _____

PAYMENT STATUS RECIEVED POST DATED CHEQUE _____

DEMAND DRAFT _____

ONLINE PAYMENT _____

BATCH COMMENCEMENT DETAIL

COURSE REGISTERED _____

START DATE _____ END DATE _____

I agree to your collection/use of my personal information I have provided in the admission form for your research and marketing purpose

APPLICANT SIGNATURE:

SIGNATURE OF ADMISSION INCHARGE:

REGISTRATION DATE:
