

# ABA TRAINING CENTRE

(Beauty & Wellness)

Office Add.: 15-B/1462, New Mustafabad Delhi - 110094

## Admission form

Ref. no.: \_\_\_\_\_ (For office use only)

Date:- \_\_\_\_\_

### 1. PERSONAL DETAILS

A. Candidate Name: \_\_\_\_\_

B. Father's Name: \_\_\_\_\_

C. Mother's Name: \_\_\_\_\_

D. Religion :

Hindu

Muslim

Sikh

Christian

Others

E. Date of Birth: \_\_\_\_\_

F. Sex: Male/Female/Other

G. Category: GEN/OBC/SC/ST/Minority

H. Monthly Income \_\_\_\_\_

### 2. EDUCATIONAL QUALIFICATION

A. General Qualification:

5th

8th

10th

12th

Others

B. Professional Qualification: \_\_\_\_\_

### 3. CONTACT DETAILS

A. Permanent Address: \_\_\_\_\_

B. Present Address: \_\_\_\_\_

C. Contact No.: \_\_\_\_\_ D. E-mail (Optional): \_\_\_\_\_

### 4. COURSE IN WHICH ADMISSION IS SOUGHT

A. Sector: \_\_\_\_\_ B. Course/Module: \_\_\_\_\_

### 5. DETAILS OF TP & TC

A. Name of Training Partner: **Azad Barber Association Delhi Pradesh (Regd.)**

B. Name of Training Centre: \_\_\_\_\_

### 6. PAYMENT DETAILS

A. Registration Fee: **500** B. Service Charges (सुविधा शुल्क): **1500**

C. Training Fee: **FREE**

## 7. FEE OPTION

A. Online Payment:

B. Cash:

## DECLARATION

I wish to enroll as a student/trainee at ABA- Training Centre. I agree to abide by all the rules & Regulation set by the Training Centre and agree to the payment plan opted by me. The Training Centre reserve the right to cancel my registration and the study/Training may be time in case any information is found untrue.

I will maintain a high degree of conduct failing which the Training Centre shall be free to make any action as warranted. I fully understand that Registration and service fee is non-refundable.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

(Applicant's Signature)

## DOCUMENTS TO BE SUBMITTED

- A. Passport size photo 2
- B. Aadhar card photo copy
- C. Educational certificate
- D. Caste certificate