



**GOOD HEALTH AND GOOD SENSE  
ARE TWO OF LIFE'S GREATEST  
BLESSINGS.**

## PERSONAL INFORMATION

**Session**

Full Name :

Address :

Date of Birth :

Father's Name :

Email :

Gender :

Married Status :

Country :

Course (Certificate  
/ Diploma / Adv.  
Diploma / Degree:

Category:

Pin Code :

Phone :

Last  
Qualification:

University  
Name :

### REFUND POLICIES & CANCELLATION OF REGISTERED :

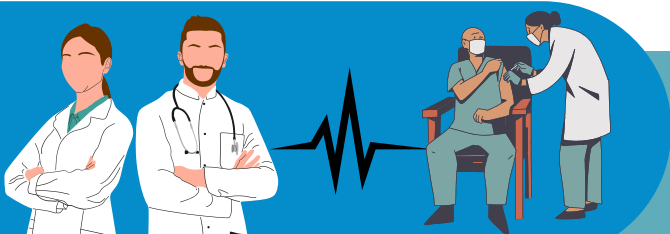
Once the student has been registered with the Institute, they will not be in a position to claim any refund under any circumstances such as change of decision from the student or failure to clear levels. It would be treated as a Non-refundable payment.

### DECLARATION BY THE CANDIDATE :

I \_\_\_\_\_ hereby declare that the information furnished in this form is true to the best of my knowledge and belief. I understand that my candidature is liable to be cancelled by the institute/university if any information give above by me is found incorrect or misleading.

\_\_\_\_\_  
Student Signature

**THANK YOU FOR REGISTRATION**



### Address Office:

Makkar Hospital A 1, 2, Opposite Radhu Palace Cinema, Laxmi Nagar, street number 3, Priyadarshini Vihar-110092 (Opposite Radhu Palace Cinema, Laxmi Nagar)