

A Unit of Dream Weavers Group

ADMISSION FORM

Sr. No. :

Date :

Photograph

Part 1 - To Be Filled By The Applicant

Mr/Ms/Mrs	First Name	Middle Name	Last Name
Father's / Guardian Name*			Mobile No*
Date of Birth DD MM YY		Nationality	
Education : Degree and professional qualification <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others		University / College Name	
Professional Experience (In Years) <input type="checkbox"/> 0-1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5 <input type="checkbox"/> 5+		Company Name	
Correspondence Address*			
City		Tel.	
State		Mobile	
Zip Code		E-mail	
Applicant's Signature			Date DD MM YY

Part 2 - Payment Details (For Official Use Only)

Mr/Ms/Mrs	First Name	Middle Name	Last Name
Course Name	Total Course Fee	Consultancy Charges	

Registration Details	RECEIPT NO.	FEE	DATE	AMOUNT PAID	CHEQUE / CASH
	REMAINING FEE	INSTALLMENT AMOUNT	NO. OF INSTALLMENT		

Note : If the fee is no paid on the stipulated date Rs. 100/- per day would be charged as fine, which would increase ro Rs. 500/- on the 10th consecutive day.

TERMS & CONDITIONS :

Cheque to be made in favor "MEDIATECH", payable at Jalandhar.
Course Fee in Non-refundable/Non-Adjustable/Non-Transferable.
Any disputes is under the Jurisdiction of Jalandhar.

Authorised Signature

Applicant's Signature