

Application Form for Registration

Mr. / Ms. _____ Date of Birth _____

Father's / Husband's Name _____ Place of Birth _____

Local Address _____ Permanent Address _____

Telephone 1 _____ Telephone 1 _____

E-mail _____ In case of Emergency _____

Qualification _____ Occupation _____

How did you hear about Jawed Habib's Beauty Aesthetic Academy?

Newspaper Articles Friends Other _____

Course Opted _____

Fee Option Down Payment Cash Cheque / D.D. No. _____

Special Remarks _____

I wish to enroll as a student at Jawed Habib's Academy. I agree to abide by all the Rules & Regulations set by the Institute and agree to the payment opted by me. The Institute reserves the right to cancel my registration and the study may be terminated at any time in case any information is found untrue.

I will maintain a high degree of conduct failing which the Institute shall be free to take any action as warranted. I fully understand that the Registration Fee is non-refundable

Date _____

Place _____

(Applicant's Signature)