

TC 15/176 (1), Nr. BSNL Tel. Exchange, Vellayambalam, Thiruvananthapuram - 695 010 T: 0471 2721527, 9446221527, 8086836651 E: info@cassolette.in www.cassolette.in facebookcassolette.in

# **ADMISSION FORM**

INSERT PASSPORT PHOTO

Please fill out this form clearly using BLOCK LETTERS

## 3 MONTHS DIPLOMA IN BAKERY & PASTRY (FULL - TIME)

# PERSONAL INFORMATION

Full Name		
Nationality	Gender	
Age & Date of birth	Marital Status	
Religion		
Address		
State		
Country		
Telephone	Mobile	
Medical History		
Fathers Name		
Mobile		
Mothers Name		
Mobile		
Educational History	School	Country
Qualification Year		
Employment History	Position	
Company Year		

#### HOW DID YOU HEAR ABOUT THE ACADEMY?

Newspaper	Radio	
Magazine	Face book	
Internet search	Instagram	
Referred by	Others	

### TERMS & CONDITIONS APPLY

- 1. Please read these conditions carefully as they shall form part of the contract between the Fee Payer.
- 2. It is important that you make sure that you have read and understood all these conditions as confirm that you are accepted these conditions when you sign the registration form.
- 3. To enrol a student at the application form must be completed, signed by the Student and fee Payer. Send your application directly to Admissions with the following items:
- 4. Payment of Admission Fee (NON-REFUNDABLE & NON-TRANSFERABLE)

#### **PAYMENT**

	Admission Fee and / or Course Fee paid is/are NON-REFUNDABLE and NON-TRANSAFERABLE.  Payment of tuituion fees (NON-REFUNDABLE and NON-TRANSAFERABLE) can be made either:
۷.	Lumpsum Monthly
3.	Payment must be made at least 1 week before the start of the relevant term.
4.	All payments are to be in the form of:
	* Cash
	* Bank Trasnfer (Telegraphic transfer) - Please attached bank slip
	* Cheque (cross cheque)
5.	Payment by Bank transfers to
	Name of Bank : South Indian Bank
	Account No.: 0503053000009807
	Address: 0503 Sasthamangalam Branch
	CLARATION BY APPLICANT  ve read, and I fully understood all instructions regarding my application for admission CBA
Thiru	uvananthapuram and the information supplied in the application together with the supporting iments are correct. I understand that falsification and withholding of information on this form will
	matically nullify my application and/or subject me to dismissal.
If acc	cepted as a student of CBA Thiruvananthapuram. I agree to abide by all its policies and regulations.
	Applicant Signature Parent Signature Date