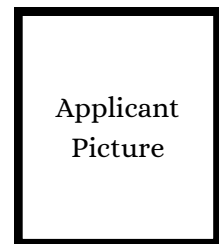




COURSE DIRECTOR REGISTRATION FORM



Full Name: _____

Authorized Center Name: _____

GST No. _____

Date of Birth: _____ Age: _____ Gender: _____

Father / Husband _____ Religion: _____

Mobile Number: _____ WhatsApp Number: _____

Email: _____ Blood Group: _____

Permanent Address-

Area: _____

City: _____ District: _____ Landmark: _____

Pin Code: _____ Country: _____ Nationality: _____

Correspondence Address: _____

Educational Qualification: _____

Additional Qualification: _____

Profession / Occupation: _____

Experience: _____

Website / Social Media Channels: _____

Courses to be conducted at center: _____

- Applicant Payment Slip Attached with form
- Applicant Photo Attached along with form
- I wish to receive ID card by paying an additional fee of 500/-
- Applicant Document Attached with form (Highest education proof, 2 ID proofs, Center image, Visiting card, Logo)
- I hereby declare that above information is true to the best of my knowledge and I wish to receive future Promotional Messages

Applicant Signature