Photograph

Form No.:_____

Depilex College of Cosmetology

ADMISSION FORM

DEPILEX COLLEGE OF COSMETOLOGY

NAME: (in block letters)

FATHER'S NAME: Husband/Spouse

Father's Occupation: _____ **Monthly income** (Rupees): _____

GENDER: | **M** | **F** | **DATE OF BIRTH:** (dd/mm/yyyy) / /

MARITAL STATUS: | **Married** | **Single** |

ADDRESS

TELEPHONE:
With area code

TELEPHONE 2:

MOBILE:

MOBILE2:

Nationality: _____ **NIC/Form B:** _____
RELIGION: _____ **DOMICILE:** _____
E-MAIL: (in block letters) _____ **BLOOD GRP:** _____

IF FATHER DECEASED, NAME & ADDRESS OF GURDIAN 1:

TELEPHONE:
With area code

TELEPHONE 2:

MOBILE:

MOBILE2:

NAME & ADDRESS OF GURDIAN 2:

TELEPHONE:

With area code

TELEPHONE 2:

MOBILE:

MOBILE2:

Examination Passed	Year	School/College	Marks		Division	Subjects
			Total	Obtained		
Matric/O Level						
FA/FSc/A level or Equivalent						
Graduation						
Other						

I solemnly declare that the above particulars provided are correct & I will abide by the rules/ regulation of institute

Signature of the Applicant: _____ Date:_____

FOR OFFICE USE ONLY

Course Title:_____ Date of Registrtion:_____

Session: _____ Amount to be paid:_____

Date of Form received:_____ Products included/Amount: _____

Date:_____ Advance:_____ Received By:_____ Authorized By:_____

Date:_____ Advance:_____ Received By:_____ Authorized By:_____

Date:_____ Advance:_____ Received By:_____ Authorized By:_____

Date:_____ Advance:_____ Received By:_____ Authorized By:_____

Signature of Head of Department: