

# ADMISSION FORM

Please fill out this form clearly using BLOCK LETTERS

## ARTISTRY CLASS

Official Name  
(Capital Letters)

Age & Date of Birth

Sex

Communication Address

Telephone

Mob

E-mail

Educational Qualification .....

Course opted for .....

Purpose of attending the course .....

.....

Current Occupation .....

How do you come know about the academy  Facebook  Website  Advertisement  Publication  Referred by .....

## TERMS & CONDITIONS

1. Please read the conditions carefully.
2. It is important that you make sure that you have read and understand all these conditions confirm that you accept these conditions when you sign the registration form.
3. Payment of Admission fee and advanced amount Rs...../- Non-refundable.

Payment by Bank : South Indian Bank  
Accept of : Varghese Joseph  
Account No. : 0503053000009807  
Address : 0503 Sasthamangalam Branch

### **Declaration by applicant**

I have read and I fully understood all instructions regarding my application for Admission to Cassolatte the baking academy.

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Applicant Signature

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Date