## महाराष्ट्र कला शिक्षण प्रसारक मंडळ संचालित



## Indian Fashion Academy™

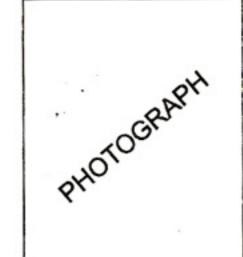




No.

## **ENROLLMENT FORM**

(This form is to be filled by the student only)



I request you to enroll me in Indian F	ashion Academy, I am giving all the inf	ormation related to me as under.
Name (in Block letters):		
Present Address :		
Pin Code : _	Tel N	o.:
Permanent Address :		
Pin Code : _	Tel.:	
Date of Birth.:  D D M I	Gender:	Male Female
Educational Qualification :		
School / College attended / attending	:	
Medium of Instruction:		
Present Occupation :		
Father's / Husband's Present Occupa	tion :	
I hereby declare that the information given printed overleaf and agreed to abide by	ven above is true best of my knowledge. I hem.	nave read the rules and regulations
		<u>*</u>
Date P	arent's / Guardian's Signature	Student's Signature