SL.No:

# International Montessori, Kindergarten and Nursery Training Academy (Regd)

( Based on the syllabus of American Montessori Society, USA and AM of Amsterdam)

No.99, 9th Cross, ThillaiNagar East, Trichy – 620018. Cell : 93603 84602

20 - 20

## *APPLICATION FORM*

Candidate Name (in Block Letters) : _____

Name of Father / Guardian / Husband : _____

Occupation of Father/ Guardian / Husband : _____

Present Address : _____

_____

_____

Mobile No : _____

Permanent Address : _____

_____

_____

Course Opted for : _____

E Mail ID : _____

Date of Birth : _____ Nationality & Religion : _____

Educational qualification : _____

Regular / Online Class/ Postal Tuition required : _____

Whether employed if so furnish details : _____

## *DECLARATION*

I have read the rules and regulations of International Montessori, Kindergarten and Nursery Teacher Training Academy . I assure that I hereby agree to abide by the rules and regulations of the Institution. I will not ask for any refund of fees paid, and I am liable to pay the full fee even if I discontinue my study under any circumstances. Personal details furnished above by me are true and correct. I agree that if any dispute arises it is to the jurisdiction of Tiruchirappalli city only.

Place : Signature

Date :