

**GOETHE-INSTITUT / MAX MUELLER BHAVAN MUMBAI**  
**REGISTRATION FORM | LANGUAGE COURSES**



Mr.      Mrs.      Ms.      Dr.      Other \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pincode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Knowledge of German:                      Yes                      No

If yes, course(s) attended at: \_\_\_\_\_ when \_\_\_\_\_ &

marks scored \_\_\_\_\_

**I WISH TO ENROL IN THE FOLLOWING COURSE**

Course Level: \_\_\_\_\_ Venue: \_\_\_\_\_

Course dates: \_\_\_\_\_ Timeslot: \_\_\_\_\_

Course Fee: \_\_\_\_\_

**PAYMENT DETAILS**

I enclose a Demand Draft bearing no. \_\_\_\_\_ for INR \_\_\_\_\_  
(made payable to "Max Mueller Bhavan")

I am paying Cash for INR \_\_\_\_\_ with following specifications:

2000 \_\_\_\_\_

500 \_\_\_\_\_

100 \_\_\_\_\_

I have read and accepted the Terms & conditions of Goethe-Institut / Max Mueller Bhavan  
Mumbai and I am willing to abide by the same.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_