

COURSE REGISTRATION FORM



Please fill the form in **CAPITAL LETTERS**.

CUSTOMER NUMBER 0 0 6 [] [] [] [] [] []

COURSE LEVEL A1 A2 B1 B2.1 B2.2 C1 C2 TEENS KIDS

COURSE DATES: _____ **COURSE TIMINGS:** _____

LOCATION: Nungambakkam Center Adyar Center

GIVEN NAME _____ SURNAME _____

DATE OF BIRTH DD / MM / YYYY _____ PLACE OF BIRTH _____

MALE FEMALE OCCUPATION _____

ADDRESS _____

RES. TEL _____ MOBILE _____ MOTHER TONGUE _____

E-MAIL _____

If you are applying for A2 level and above, please furnish details of your last course attended:

Course Level: _____ **Course Dates:** _____ **Course attended at:** _____

(FOR SCHOOL STUDENTS - JOINING KIDS & FIT COURSES)

NAME OF THE SCHOOL _____

PARENT'S SIGNATURE _____

I am interested to get information on a regular basis about upcoming courses and examinations. **YES** **NO**

I am interested to get information on a regular basis on German cultural activities by Email/SMS. **YES** **NO**

Bank Name: _____ **Amount Transferred:** _____ **Transfer / Reference No.:** _____

Name of the Account Holder: _____ **Date of Payment:** _____

I have read the terms and conditions and accept the same.

DATE _____

Signature _____