

No. 14, 15, Ground Floor, YMCA Complex, Secunderabad
Ph: 64190688

PHOTO

Name : _____

Address: _____

Tel. (R/O) : _____ Mobile : _____

Email : _____

Hobbies/Interests: _____

You presently are:

Studying Where _____ What _____

Working Where _____ As _____

If you have studied Spanish or any Foreign Language before, provide details:

Course name : _____ Duration (in hrs): _____

Institute name : _____ Grade / Marks : _____

How do you think learning Spanish will help you:

- Business Career Education Socializing
 Other Please Mention: _____

Do you require Placement Assistance: Yes No

Course Levels

Inicial 1	<input type="checkbox"/>	Intermedio 1	<input type="checkbox"/>	Avanzado 1	<input type="checkbox"/>
Inicial 2	<input type="checkbox"/>	Intermedio 2	<input type="checkbox"/>	Avanzado 2	<input type="checkbox"/>

Course Timing

0700 hrs to 0900 hrs	<input type="checkbox"/>	1600 hrs to 1800 hrs	<input type="checkbox"/>
0900 hrs to 1100 hrs	<input type="checkbox"/>	1800 hrs to 2000 hrs	<input type="checkbox"/>

Course Selected: Slow track Fast track Weekend

Declaration:

I totally agree and understand that the benefits I derive from this course will depend completely on my levels of participation. Under no circumstance will I hold the institute responsible for any of my mistakes.

Applicant's Signature

For Office Use Only

Registration Fees (first time applicants) : _____

Course Fees Details (Cash) : _____

Batch Code : _____

Course Duration : _____

Signature