



Axis Institute of Career Aspirations

Rely on us . . . as We Rely on Our Experience!!

NCUI Auditorium & Convention Centre, 3, Siri Institutional Area, August Kranti Marg, New Delhi - 110016

85274 22551, 85274 22553, 85274 99405 011-4511 0941

E-mail: info@aica-edu.org Website: www.aica-edu.org

APPLICATION FORM

PLEASE TICK THE FOLLOWING COURSE

COURSES OFFERED	PG Diploma in EVENT MANAGEMENT <input type="checkbox"/>	Advance Diploma in EVENT MANAGEMENT <input type="checkbox"/>	Certificate Course in EVENT MANAGEMENT <input type="checkbox"/>		
CRASH COURSES	Client Servicing & Business Development <input type="checkbox"/>	Event Production <input type="checkbox"/>	Hospitality <input type="checkbox"/>	Wedding Management <input type="checkbox"/>	Virtual Events <input type="checkbox"/>

Affix photograph
3.5 cm x 4.5 cm
duly signed
by the candidate

1. NAME OF THE STUDENT	<input type="text"/>													
2. MOBILE NUMBER	<input type="text"/>													
3. E-MAIL ADDRESS	<input type="text"/>													
4. CURRENT ADDRESS	<input type="text"/>													
5. PERMANENT ADDRESS	<input type="text"/>													
6. NATIONALITY	<input type="text"/>					Pin Code	<input type="text"/>							
7. DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex	<input type="text"/>	- <input type="text"/>	- <input type="text"/>	Marital Status	<input type="text"/>	Single <input type="text"/>	Married <input type="text"/>
8. AADHAAR NUMBER	<input type="text"/>													
9. FATHER'S / GUARDIAN NAME	<input type="text"/>													
10. FATHER'S / GUARDIAN MOBILE NUMBER	<input type="text"/>													
11. FATHER'S OCCUPATION	<input type="text"/>													
12. MOTHER'S / GUARDIAN NAME	<input type="text"/>													

Signature of the Student

13. ACADEMIC DETAILS

	YEAR	NAME OF THE SCHOOL / COLLEGE	SUBJECT	Percentage
SSC (10th)				
HSC (12th)				
Under Graduate				
Graduation				
Post Graduation				

DECLARATION

I hereby declare that all the information as given above are correct to the best of my knowledge and belief. I am assuring you to follow the rules and guidelines given by the director of institution during the training period. I am further declaring that in the event of any false or incorrect information found, my candidature/course is liable to be terminated/rejected without giving me any prior notice. I understand and agreed to follow good discipline and code of conduct as per actual and introduced time to time to me during the training period.

Signature of the Student

Signature of the Parents / Guardian

FOR OFFICIAL USE ONLY

Training Period	<input type="text"/>
Serial No.	<input type="text"/>
Date	<input type="text"/>



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BANK DETAILS

The details of Bank A/c in which payment is to be transferred are as under:-

Bank Name	City Union Bank Ltd.
Account Name	Axis Communications
Bank A/c Number:	510909010082917
Branch:	Lajpat Nagar New Delhi
Branch Address:	M 17 Ground floor, Lajpat Nagar-II, South Delhi, New Delhi-110024
IFCS Code No:	CIUB0000356