



Photo

## COUNSELING ENROLMENT FORM

**Name of Applicant** :

**Age & Date of Birth** :

**Gender** :

**Nationality** :

**School & class** :

**Parent / Guardian's Name** :  
(For Students only)

**Relationship with Guardian** :  
(For Students only)

**Company Name** :  
(For Adults only)

**Contact Number(s)** :  
Tel: \_\_\_\_\_ (Residence)  
Tel: \_\_\_\_\_ (Office)  
Tel: \_\_\_\_\_ (G.S.M)

**E - Mail** :  
(Mandatory)

**Local Address** :

**Blood Group** :

**Day & Time of class** :

SAT	SUN	MON	TUE	WED	THU	FRI

**Transportation required** : Yes  No



**Monthly Fee Structure:**

Counseling Class : Qrs. \_\_\_\_/-

Transportation : Qrs. \_\_\_\_/-

Grand Total : Qrs. \_\_\_\_/-

**Rules & Regulations:**

1. Classes are adhered to the timing mentioned here above.
2. Any suggested/imposed change in class schedule shall be under sole discretion of SDC Management.
3. Fees to be paid on or before 5<sup>th</sup> of every month
4. SDC Management holds no responsibility for the missed classes by the student
5. Parents are not allowed to enter classrooms during the class hours.

**Declaration:**

I hereby read & accept the above mentioned conditions of my enrollment as a counseling student.

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

Student

Parent

Date:

**For Office Use only**

Date of Joining	Registration Number	Special Remarks

Verified By

Signature

Office Stamp