



PRAXIS AUTOMATION SERVICES

ENROLLMENT FORM

Please tick the name of the Course(s) you wish to join

- Module 1
- Module 2
- Module 3
- Module 4
- Module 5
- If Others (Please Specify) .....

PERSONAL INFORMATION (USE CAPITAL LETTERS ONLY)

NAME OF THE APPLICANT

[Grid for Name]

PARENTS / GUARDIAN'S NAME

[Grid for Parents/Guardian's Name]

CORRESPONDENCE / PARMANENT ADDRESS :

[Grid for Address]

CITY / TOWN :

[Grid for City/Town]

DISTRICT :

[Grid for District]

MOBILE NO.

[Grid for Mobile No.]

PHONE NO.

[Grid for Phone No.]

E-mail :

[Text box for E-mail]

Date of Birth:

[Grid for Date of Birth]

GENDER

[Grid for Gender]

Name of Organization / Company / Firm .....

COLLEGE STUDYING IN / LAST ATTENDED

[Text box for College]

Have you taken any type of Automation Training before

YES [Grid]

NO [Grid]

If Yes, Name :

[Text box for Name]

Undertaking : - I hereby declare that the information's furnished above are true to the best of my knowledge & belief. Further I have thoroughly read & understood the Rules & Regulations\* of Praxis Automation for Training Program.

Date :

Place :

(Signature of Applicant)

Rules & Regulations:

- Course fee once paid are not refundable under any circumstances even if the candidate attends for a day or part of thereof.
- All money receipt must be preserved carefully and must be produced when demanded.
- Candidates should attend the classes regularly and training candidate remaining absent more than 06 Classes shall be deemed to have dropped out.
- No compensatory classes shall be arranged for the absentees.
- The management reserves its right to make any alterations in its programs / fee / venue / rewards without any prior notice to anybody.