

REGISTRATION FORM

Enquiry ID: _____ (for office use only)

Affix your
passport size
colour
photograph

Personal Details

Full Name (in Bold Letters):

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Date of Birth:

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Birth Place:

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Gender:

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D D M M Y Y Y Y (District/State)

Family Member	Name	Age	Occupation	Organization
Father				
Mother				

Permanent Address:	Correspondence Address (If Different):
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.....
City:	City:
District:	District:
State:	State:
Pin Code:	Pin Code:
Landline #: _____	Mobile #: _____
Email: _____	

Educational Qualification

Name of Level	Course	Year Attended	Name of Board/University	Institution College	Aggregate Marks (%) GPA
Class 10					
Class 12		From: To:			
Graduation		From: To:			Yr.1 Yr.2 Yr.3 Yr.4 Avg.
Post-Graduation		From: To:			Yr.1 Yr.2 Avg.

Work Experience:N Y

If Yes, Organization Names:

- | | | |
|----|-----------------------------|--------------------------------|
| 1. | Years: <input type="text"/> | Industry: <input type="text"/> |
| 2. | Years: <input type="text"/> | Industry: <input type="text"/> |
| 3. | Years: <input type="text"/> | Industry: <input type="text"/> |

Document Checklist:

(Tick Mark)

Registration Form with Affixed Photo	Yes/ No	
Highest Qualification Proof	Yes/No	
Identification Proof	Yes/No	
Permanent Address Proof	Yes/No	

Course Details

Programs 2016-17:

(Tick Mark)

Fees (Service Tax @14.5% Extra)

Job Seeker (JSP)		INR 10000/-
Health E-Commerce (HEP)		INR 10000/-
Brand Development (BDP)		INR 5000/-

Payment Details

Mode of Payment

(Tick Mark)

Details (below column for office use only)

Cash		
Cheque/DD		
IMPS/NEFT/RTGS		

Declaration by Applicant:

I _____ S/O _____, hereby declare that the information given is true and correct. I give guarantee for good conduct during the course. I authorize to initiate disciplinary action against me for violation of any of the rules and regulation of the course. I also promise to compensate the damages that may be caused by me due to my misconduct. I also promise to pay the fee as per the instructions issued to me through notice, failing which an appropriate penalty may be imposed by the Digitex Academy.

Applicant Name & Signature

Applicant Mobile #

Applicant Email

Terms & Conditions

- Please complete the registration form and send us scanned/original copy of form/ requisite documents (refer checklist) through email or post. Send email to register@digitexmedical.com.
- We have a **No Refund Policy** on cancellation or your in-ability to attend classes.
- We offer Schematic Discounts. You will be informed when available. You may also contact us for the same for current/future queries.
- In order to maintain course quality, certain classes may be delivered by visiting professionals other than in-house faculty.
- The course schedules are subject to change. We shall inform you about any such change through phone/email.
- Registration will be confirmed only on receipt of 100% payment.