

# ADMISSION FORM



Affix Your  
Passport Size  
Photograph

HAIR ACADEMY

BEAUTY INSTITUTE

Mr./Ms. \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Father's/Husband's Name \_\_\_\_\_

Qualification \_\_\_\_\_ Occupation \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about Grace Hair Academy/Grace Beauty Institute?

News Paper Advt.  Referral  Friends  Other \_\_\_\_\_

COURSE(S) APPLIED FOR :

HAIR \_\_\_\_\_

BEAUTY CULTURE \_\_\_\_\_

FEES REMITTED (IN FIGURE) \_\_\_\_\_ (IN WORDS) \_\_\_\_\_

(Non-refundable/Non-adjustable)

DECLARATION : 1. I AM AN ADULT AND JOINING VOLUNTARILY.  
2. I SHALL ABIDE BY ALL RULES AND REGULATIONS.

DATE : \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURES)

ADMITTED/NOT ADMITTED

DATE : \_\_\_\_\_

\_\_\_\_\_  
CEO/DIRECTOR