

REGISTRATION FORM

Registration ID : _____

Personal Information

First Name : _____ Last Name : _____

Gender : Male Female (Please check the box)

Marital Status : _____ Date of Birth : _____

Affix a latest
passport size photograph

Educational Qualification

Degree/Standard : _____ Branch/Stream : _____

Semester/Year : _____ Year of Passing : _____

University/College/School : _____

Professional Information (Please Fill if applicable)

Occupation : _____

Company/Department : _____ Designation : _____

City : _____ Years of Experience: _____

Course Information

Training/Workshop/Course Name : _____

How did you hear about Waayoo.com? : _____

Contacts

Mailing Address : _____

City : _____ State : _____ Zip/Postal : _____

Mobile/Contact No. : _____ Email-Id : _____

Declaration : I hereby declare that all the information given by me here are all correct according to best of my knowledge, and I accept all the terms prescribed according to the course, I also understand that the fees once paid will not be refunded under any circumstances.

Place : _____ Date : _____ Signature : _____

For Office Use Only

Student ID : _____ Course ID : _____ Date : _____

Registration Fee : _____ Course Fee : _____ Auth. Signature : _____