

# Solastra Global - COURSE REGISTRATION FORM



(Please complete this form in BLOCK letters)

Photograph

<b>COURSE DETAILS</b>					
<u>Course Name :</u>					
<u>Course Start Date</u>		<u>Course End Date</u>			
<u>Method of Study</u>	<u>Full time</u>	<u>Part time</u>	<u>Evening</u>	<u>Weekends</u>	<u>Online</u>
<b>PERSONAL DETAILS</b>					
<u>Name of the applicant</u>					
<u>Age</u>	<u>Date of birth:</u>		<u>Gender: Male Female</u>		
<b>CONTACT DETAILS</b>					
<u>Permanent Address</u>					
<u>Current Address</u>					
<u>Home phone number</u>					
<u>Mobile number</u>				<u>Email:</u>	
<b>EMERGENCY CONTACT DETAILS</b> (Please tell us who you would like the center to contact in case of emergency)					
<u>Name</u>					
<u>Relation</u>					
<u>Address</u>					
<u>Mobile:</u>				<u>Email:</u>	
<b>QUALIFICATION</b> (already obtained or expected)					
<b>Qualification</b>	<b>Institution</b>	<b>Start Date</b>	<b>End Date</b>	<b>Grade</b>	
<b>WORK EXPERIENCE</b>					

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Organisation	Position Held	From	To
<b>PERSONAL STATEMENT</b>			
Why do you wish to do this course?			
Where did you find out about the courses at our Center?			
REFEREE 1			
Name			
Institution		Position	
Address			
Contact No. & Email			

I confirm that to the best of my knowledge, the information given in this form is correct and complete. I have read the terms and conditions and other policies of the center and agree to abide by them during my entire course of study. I agree to Solastra Global processing personal data submitted in this application form, or any other data that the Center may obtain from me to the processing for any purposes connected with my studies or my health and safety, or for any other legitimate reason. I authorise Solastra Global to issue my course result to my sponsor if my sponsor so requests.

<b>Applicant Signature</b>		<b>Date of Application</b>	
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Note: All decisions by the Center are taken in good faith on the basis of the statements made on your application form. If the Center discovers that you have made a false statement or have omitted significant information on your application form, for example in examination results, it may withdraw or amend its offer, or terminate your registration, according to the circumstances. The information given on this application form will be electronically stored and used for administrative purposes by the Center.

### FOR OFFICE USE ONLY

Application received Date		Student Number	
Course Applied For			

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Start Date		End Date	
Offer Decision	Unconditional <input type="checkbox"/>	Conditional <input type="checkbox"/>	Reject <input type="checkbox"/>
(If conditional or Rejection please specify the condition or reason for rejection)			
Staff's Name and Signature			
Date			

Please complete the registration form along with the registration fee to :

**Solastra Global,**

**Pappa Bhavan, TC 28/1727, TENRA 63, Thycaud P.O..**

**Thiruvananthapuram, Kerala, India.- 695 014. +**

**Phone No : 91 9446057311; Email : info@solastraglobal.com**