



AHHIR STUDIO

10G Bade Raipur Road, Jadavpur, Sulekha Kolkata -700032
Phone : 9674241242 , 7003036983 | Email : ahhirstudio@gmail.com

APPLICATION OF ENROLMENT

Sir/Mam,

Please enrol my name in your academy for which I, am depositing Cheque/Cash of

RS(Rupees
.....) and my particulars are given below.

Willing to enrol in Subject Batch : () Basic () Advanced



Student Information

Name :- _____ Date Of Birth : _____

Phone No. :- _____ Email : _____

Address :- _____

Occupation :- _____

Guardian Info (If Applicable)

Name :- _____ Relation : _____

Phone No. :- _____ Email : _____

I will abide by the rules and regulations by the centre.

Signature Of Guardian

Signature Of Student

Office Use Only

Enrolment No.: Subject Group

Session Fees Rs + Monthly Fees For(Month)

Total Rs (Rupees)

Date

Signature of Centre In-charge