

Registration Form for Technical Analysis Courses

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NAME:

_____ (First Name) (Middle Name) (Last Name)

COMPANY NAME: _____
(FOR CORPORATE EMPLOYEE).

ADDRESS: _____
_____ CITY: _____ PIN CODE: _____

PAN CARD NO: _____

CONTACT NO: (R) _____ (O) _____ (M) _____

EMAIL: (1) _____ (2) _____

DATE OF BIRTH: _____ EDUCATIONAL QUALIFICATION: _____

OCCUPATION: _____ EXPERIENCE IN STOCK MARKET: _____ Yrs.

EXISTING RELATION WITH CARE EDUCATION: _____

COURSE NAME*: _____

ENROLLMENT DATE ^: _____ COURSE TIME ^: _____

FEES PAYMENT OPTION** : CHEQUE / CASH (Strike off which is not applicable).

TERMS AND CONDITION: CARE EDUCATION reserves all the rights to make any changes in function of course. * Course name does not in any manner indicate the quality of course, its features or future result. ** Fees once paid are not refundable in any case. ^ Course timings and enrollment date will be allotted as per the availability and at sole discretion of Care Education. Past performance is not an indicator of future results. Care Education reserve right to make changes in course timing and enrolment date at its sole discretion. * Condition applies.

I WISH TO ENROLL FOR ABOVE MENTION COURSE. I ACCEPT ALL TERMS AND CONDITIONS.

SIGNATURE OF APPLICANT: _____ DATE: _____ PLACE: _____

NAME OF APPLICANT: _____

CARE EDUCATION

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