



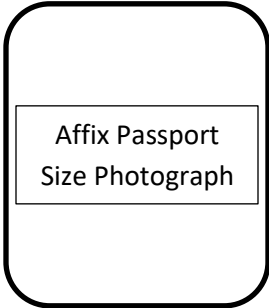
# ADMISSION FORM

FORM NO: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/20\_\_

CENTRE: \_\_\_\_\_

ACADEMIC YEAR/MONTH: \_\_\_\_\_ to \_\_\_\_\_



## PERSONAL DETAILS

FIRST NAME	MIDDLE NAME	LAST NAME	
DATE OF BIRTH [DD/MM/YY]	AGE	GENDER	
POSTAL ADDRESS			
CITY	PIN CODE	STATE	COUNTRY
MARITAL STATUS	EMAIL ID	CONTACT NUMBER 1	CONTACT NUMBER 2

## PARENT / GAURDIAN PERSONAL DETAILS

RELATIONSHIP WITH APPLICANT			
FIRST NAME	MIDDLE NAME	LAST NAME	
DATE OF BIRTH [DD/MM/YY]	AGE	GENDER	
POSTAL ADDRESS			



CITY	PIN CODE	STATE	COUNTRY
EMAIL ID		CONTACT NUMBER 1	CONTACT NUMBER 2

COURSE DETAILS			
TYPE OF APPLICATION	<input type="radio"/> NEW	<input type="radio"/> OLD	<input type="radio"/> TRANSITION
IF APPLICANT IS OLD, ENTER EXISTING SRN NO.			
COURSE APPLIED FOR			
BATCH	<input type="radio"/> TUE - SAT]	<input type="radio"/> MON	
TIMING	<input type="radio"/> MORNING [8AM – 12PM]	<input type="radio"/> EVENING [1 PM – 5PM]	

**DECLARATION, CONSENT, DISCLAIMERS & LIMITATION OF LIABILITY**

You state, declare and consent as follows:

- 1) That you [*and/or your family members/ guardians/ relatives for your benefit*], at your own instance, are willing to avail the courses/training offered, provided and imparted by IICA at the Center you are applying to;
- 2) That the information provided by you above is true and correct to the best of your knowledge and further consent that:
  - a) IICA may review all or any of the above information provided by you;
  - b) IICA shall not disclose the above information and all other personal and confidential information pertaining to you to any third party without your written consent except for exceptional circumstances including but not limited to:
    - i) conducting research and study in the field of beauty and wellness;
    - ii) undertaking internal audits and other investigations;
    - iii) responding to judicial process and providing information to law enforcement agencies.
- 3) That IICA may send all reminders, notifications, practical reports and other communication in relation to the course/training availed or proposed to be availed by you on the Contact Number, E-mail ID and Postal Address provided by you above. In pursuance of which you agree to update your Contact Information with IICA upon any change or alteration.

**DISCLAIMERS & LIMITATION OF LIABILITY**

You understand and acknowledge that:

- 1) IICA does not assume and specifically disclaims all or any liability, whatsoever, with respect to the courses/training availed. If you are dissatisfied with the courses/training provided by IICA at the Center applied to, your sole remedy is to discontinue availing the course/training;
- 2) IICA shall take all reasonable steps to protect your personal and confidential information, but IICA does not assure or warrant its ability to do so. IICA shall not be liable for disclosure of your personal and confidential information due to errors in transmission or unauthorized acts of third parties;
- 3) To the full extent permitted by applicable law, IICA shall not be liable to you for damages or compensation in the nature of expectation losses, indirect, special, reliance, incidental or consequential losses or any liability for the losses of any kind, whether based on warranty, contract, tort or any other legal theory, arising due to course/training availed. Furthermore, in no event shall the maximum aggregate liability of IICA for any cause



of action arising on account of you availing course/training at the Center applied to, shall exceed the amount of total fee/ charges actually paid by you for availing the course/training.

### **ACKNOWLEDGEMENT & ACCEPTANCE**

UPON MY EXPRESS DECLARATION, CONSENT AND ACKNOWLEDGEMENT OF THE DISCLAIMERS AND LIMITATIONS OF LIABILITY AS MENTIONED ABOVE, I ACCEPT TO AVAIL THE COURSE/TRAINING.

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

-----  
APPLICANT

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PARENT/ GUARDIAN OF APPLICANT

### **ATTACHMENTS**

DOCUMENTS [SELF ATTESTED COPY]	YES	NO	COMMENTS
AADHAAR CARD			<i>Please provide any one out of these compulsorily</i>
PAN CARD			
PASSPORT			
EDUCATION QUALIFICATIONS [FINAL MARKSHEET/ PASSING CERTIFICATE]			<i>Compulsory</i>
PREVIOUS/EXISTING WORK EXPERIENCE LETTER			<i>Optional</i>

### **FOR OFFICE USE**

EXISTING SRN NO. VERIFIED?	<input type="radio"/> YES		<input type="radio"/> NO	
SRN NO. IF NEW APPLICANT				
COURSE FEES	₹ _____			
ADDITIONAL FEES [IF ANY]	₹ _____ [ _____ ]			
TAXES [IF APPLICABLE]	₹ _____			
TOTAL FEES	₹ _____			
MODE OF PAYMENT	<input type="radio"/> CASH	<input type="radio"/> RTGS/NEFT	<input type="radio"/> CHEQUE	<input type="radio"/> CARD
	<input type="radio"/> EMI FACILITY OPTED WITH BANKING/NON-BANKING PARTNER			
ACCOUNTANT NAME				
[Proof of such payment is attached]				