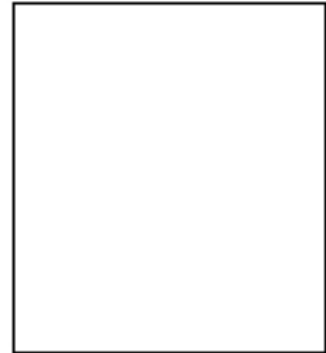


**International Montessori, Kindergarden & Nursery Teacher's Training Centre**

( Associated to American Montessori Society )

Address: No.77 (Old No.45), Dr.RadhaKrishnan Salai ,Chennai-600004.

Phone: 044- 28112932 / 9884847744



**APPLICATION FORM**

Name (in Block Letters) : \_\_\_\_\_

Name of Father/Guardian/Husband : \_\_\_\_\_

Occupation of Father/Guardian/Husband : \_\_\_\_\_

Present Address : \_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_

Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Nationality/Religion: \_\_\_\_\_

Educational Qualification : \_\_\_\_\_

Course opted for Study : \_\_\_\_\_

Regular postal tuition required : \_\_\_\_\_

Whether employed, if so furnish details : \_\_\_\_\_

**DECLARATION**

I have read the rules and regulations of International Montessori, Kindergarden Nursery Training Center and I assure that i hereby agree to abide by the Rules and Regulations of the Institutions . I will not ask for any refund of the fees paid and i am liable to pay the full fees even if I discontinue my study under any circumstances .Personals details furnished above by me are true and correct .I agree that if any dispute arises.It is subject to the jurisdiction of Chennai city only.

Place: \_\_\_\_\_

Date : \_\_\_\_\_

Signature