

5- DAYS IELTS INTENSIVE WORKSHOP

Venue: GICTS Campus, Laxmibai Colony, Padav, Gwalior

OCTOBER 21-25, 2013

REGISTRATION FORM

Name of Candidate _____

Date of Birth _____ Father's Name _____

Mother's Name _____ Qualifications: _____

Contact Address _____

_____ Pin: _____

Mobile: _____ Email: _____

REGISTRATION FEE (INR 5500/-) REMITTANCE DETAILS:

Mode of Payment (D.D./ Cash) _____

(Note: Demand Draft must be drawn on any Nationalised Bank in favour of "EDUNICHE SOLUTIONS", Payable at Chandigarh.)

Demand Draft No. _____, Dated _____

Drawn on _____ Branch _____

Signature with Date _____

FOR DETAILS, PLEASE CONTACT:

Mobile: 93298 06708, 094643 73994

Website: www.edunichesolutions.com

Email: info@edunichesolutions.com

REGD OFFICE: SCO 28-30, LEVEL 2, CABIN# 210, SECTOR 9-D, MADHYA MARG
CHANDIGARH- 160 009