

Registration Form

Date:

Name of the Program:

Fill the form as per passport details please:

Personal Details

First Name: Middle Name:

Preferred Name: Last Name:

CPR No.:

Passport No.:

Nationally:

Date of Birth: / /

Gender: F M

Tel No.: -

Mobile No.: -

Personal Email:

Mailing Address: Building: Flat: Road: Block:

City/State: P.O.Box:

Fill this part if you are sponsor:

Sponsored

Organization Name:

Contact Person:

Address: Building: Flat: Road: Block:

City/State: P.O.Box:

Tel No.: -

Mobile No.: -

Email:

Please: - Do you have relatives at the Institute? (Yes) (No) If yes, type the name of the employee and the department in which he works: -----

Document needed

- 1- Copy of passport.
- 2- Copy of CPR.
- 3- (1) Picture.
- 4- Sponsorship letter (for sponsor Trainee).
- 5- A copy of the academic qualifications obtained.

IMPORTANT NOTICE:

All courses are subject to demand. Delmon Academy reserves the right to cancel or postpone courses at short notice at no loss or liability where, in its absolute discretion, it deems this necessary.

Special Needs:

Do you suffer from chronic illness or disability? Yes () / No ()

If yes, type the disease: ----- With the delivery of a medical report.

Type of disability: hearing () visual () physical ()

Other mention:-----

* The Institute has the right to dismiss the trainee in the event of discovery of the concealment of the patient's condition of the trainee and does not bear any responsibility for the Institute may be exposed to the trainee during training at the Institute.

CANCELLATION AND REFUND OF FEES:

1. In the case of cancellation by Delmon Academy, 100% refund is applicable.
2. On cancellation by the Trainee, fees will only be refunded if a Withdrawal Form is accomplished. 50% refund will be given if cancellation is done Two week before the start of the program and NO REFUND if cancellation is done one week before the start date onwards.
3. Refund processing shall take place in 2-4 weeks.
4. The trainee supported by Tamkeen is committed to attend and terminate the program. If he wishes to withdraw after the start of the program, he must pay the full value of the program.

Enrolment Agreement

- 1- I certify that the information that I provided on this application form is accurate and complete.
- 2- I have read and understand the terms and conditions outlined regarding tuition and fees, requirements, cancellation and refund policy.

Trainee Signature:

Date: / /

Office Use Only

Register By:

Date: / /

Student ID:

Comment:

Register Signature: