



**ENQUIRY FORM**

Sl. No. : .....

Name: .....

Address: : .....

DOB: ...../...../..... Contact no.: .....

Parent's name: .....

Parent's occupation: .....

Parent's contact No. ....

E-mail id: .....

Qualification: ☐ XII<sup>th</sup> ☐ Graduate Other .....

Nationality: ..... Marital Status ..... Gender: Male/Female/Others

Height: .....cm Weight .....kg Eye Vision .....

Identification Mark ..... Aadhaar no. ....

PAN no. .... Passport no. ....

Source:

Reffered by: .....



**COURSES:**

4 Months Airhostess Training ☐

4 Months Airport Operational Staff Training ☐

4 Months Hospitality Management Training ☐

*Parent's Signature*

*Signature of the Candidate*

**FOR OFFICE USE ONLY**

Name: \_\_\_\_\_

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

Contact No. \_\_\_\_\_

Course availed: \_\_\_\_\_

Remarks: \_\_\_\_\_

Date: .....

Authorised Signature