

Registration No: _____

Centre: BH / WM

Course: Regular / Distance



APPLICATION FORM

Kindly fill up in the block letters

Photograph
of the
Candidate

Candidate's Name											
Father's Name											
Husband's Name											
Date of Birth					Nationality						
Postal Address:											
Telephone Number	Residence :										
	Mobile:										
	In Emergency										
Email ID											

ACADEMIC RECORD OF THE APPLICANT (* Start with the latest exam passed first)

No.	Examination Passed (Mention Board/University)*	Month & Year of Passing	Class / Percentage

DECLARATION BY THE APPLICANT

I here declare that I have read and considered the conditions of eligibility for the above course, for which I seek admission. I fulfil the eligibility conditions as I have furnished above, the necessary information in this regard.

In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation at any time and I shall not be entitle to get refund of any fee paid by me.

Dated: _____

Signature of the Candidate: _____

Cheques / DD should be drawn in the name of 'Integrated Preschool Teachers Training Academy'

Correspondence address: IPTTA, 6-3-248/C, Road No.1- Banjara Hills, Hyderabad-500034

Website: www.iptta.com **Email.ID:** iptta.hyd@gmail.com **Contact:** 9000263846, 9000263810