



**ESCALLENT<sup>TM</sup>**

**Institute of Lasers and Aesthetic Medicine**

*marvel derma excellence*

ISO 9000:2008 Certified | Affiliated to UGC Recognized University

## REGISTRATION FORM

Name

Course Name

Address

Education Details

S.No.	Qualification	Year of Passing	University

MCI No

Email

Phone Number

Employee  Student

Work Profile

Organization's Name

Working Experience

Position

How did you hear about this course? \_\_\_\_\_

*Provide references for the interested candidates for workshop/ training*

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

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

## Instructions

- Please fill the application form completely and furnish all details required there in.
- Please enclose attested copies of relevant certificates along with two stamp size photographs. The completed admission form must reach us before the last date for admissions. EILAM is not responsible for any postal delays.
- All disputes with regard to this course are subject to the jurisdiction of Delhi.

## Terms and Conditions

- Certificate of course completion would be awarded only after payment of full fee and successfully passing the final Exam.
- The course Fee is inclusive of all taxes.
- EILAM reserves the right to disqualify a candidate for providing false information, submitting improper documents or for misconduct in a particular course.
- EILAM reserves the right to revise change the curriculum, the course structure or course delivery methodology without prior notice. Fees once paid will not be refunded. Fee transfer to other person is not entertained under any circumstances.
- The payment will be refunded completely if the applicant is not selected for the program by the Centre.
- The application form will be processed only after the payment is realized/received by EILAM
- Switching to other EILAM courses is allowed subject to approval by the Administration within the course duration. No refunds or no fee adjustments would be made in this regard.
- There shall be a minimum batch size to a program. In the event of the batch size being below the minimum number, program shall be moved to next batch.
- In the event candidate is not able to attend the program, EILAM shall not be held responsible. EILAM shall try to accommodate such candidates in the program for subsequent batch but shall not be liable to do so

I hereby declare that the particulars provided in the application form are correct to the best of my knowledge and belief. I have gone through the prospectus before filling the application. I shall be disciplined and adhere to all the rules and regulations of the Escallent Institute of Laser & Aesthetic Medicine (EILAM). I have gone through the instructions and Terms and conditions given overleaf before filling in the application form.

Date

□	□	□	□	□
D	D	M	M	Y Y

SIGNATURE