

Elementary History Workshop

By Madhavi Gaddam

Gust Lecturer Anne Dunne

Application Form

Personal Information

*Full Name: (Including surname)

*Gender:

*Date of Birth:

*Nationality:

Mother Tongue:

*Passport No (only if Foreign Nationals):

*Name as required on the Certificate:

AMI membership:

Affix your
passport size
photograph here

Application Fee Details

*Course Enrolled For: **Online Elementary Workshop on History**

*Amount:

*Date of Payment:

*Reference number:

*Transferred from Bank:

*Account Name:
(If transferred from another account)

***Note: Fee once paid is not refundable**

Contact Information

*Residential Address:

*Mobile number:

Landline no:

*E-mail id:

Required Attachments

The application form duly completed should be submitted to Medha Montessori Training Institute via an email. Send a scanned copy to elementarycoursehyd@gmail.com

- Latest digital passport size photo to be attached to the form.
- Screenshot OR Snapshot of the transaction details covering the “Transaction ID”.
- AADHAAR Card Copy and OR Passport Copy (Proof of Residence and Nationality for Indian Students)

Requirements for Digital Participation Certificate from MMIT

- Need to attend all the classes. 100% attendance is required.

DECLARATION

I have read and understood the MMTI workshop requirements and hereby apply for admission to the course and formally agree and undertake to abide by the rules and conditions as set forth in the course application form. I assure that I am medically fit and can undertake the course and complete the requirements. I am enclosing copies of the required documents. I understand that the fee is not refundable at any circumstances. I assure that the information given by me is completely true and I take responsibility for the information. I understand that if the information furnished is found false, I would lose the admission. I understand that in such a case the **workshop fee would not be refunded** and that AMI Elementary Trainer holds the sole right for all decisions in this regard.

Date: _____

Signature: _____

Place: _____

Name: _____