

**REGISTRATION FORM**

Please register yourself or your Nominee(s) for the Programme

First Name		Second Name		Email ID				Whats-app No					
DOB	/ /	Married		Divorced		Single		Widow		Partnerships		Separated	

Organization/Business _____ Designation _____

Communication Address: House/flat no _____ Street _____

Locality _____ City: _____ State: _____ Pin _____

The biggest barrier/s for my Growth/Success/Progress/Productivity/Profit/Peace/Happiness (choose what applies)

Reason no 1. Another person: _____

Reason no. 2. Circumstances: _____

Reason no. 3. My inability to: _____

What I want from this coaching/workshop:

At work/business: _____

In relationship: _____

In finance: _____

In personal life _____

Participation Fee (Per Delegate): Rs. 35,000/- (one time) or payable in **3 x 12,500/-** or **5 x 8000/-** and **7 x 6500/- installments**, in the first week of each month (this fee is only for this season as a special discount) and **Rs. 5000/-** is registration fee (non-refundable). It includes weekly group sessions, workshops, study materials, assignments and any other method/s according to situations.

PAYMENT OPTIONS: Please indicate your payment method:

UPI/.... ☐

Cash ☐

Bank Transfer ☐

Bank Transfer Details:

Bank: Kotak Mahindra Bank, New Delhi -110017

A/c No. : 0545470863

Account Name: AJAY BAPI GOMES

IFSC Code : KKBK000461

Account type: Saving

PAN No. AIBPG9433A

Enclosed is Cheque/Cash.....for Rs..... in favour of AJAY BAPI GOMES being the participation fee for the 12-month business coaching.

Please send the fee along with filled up form to: Ajay Gomes, Tel: 09818058080 (for whatsapp) or

E-mail: ajay@ajaygomes.com or enmcreations@gmail.com

Disclaimer:

The business coaching is for healthy people. It is not for anyone who requires any kind of medical remedy, such as, mental, emotional, psychological, physical, therapeutic treatment, or person with any kind of chemical imbalance, by a recognized authority. The coaching is intended ONLY to enable, educate, empower for personal development.

I do not claim to hold any kind of degree in any kind of medical field whatsoever either to diagnose or prescribe for treatment.

I have read and am fully aware of the above disclaimer and take full responsibility for my participation. Yes ☐ No ☐

Date: ____ / ____ / 2025

Signature _____