



CALARIT

Office: Manager, T1, 3rd Floor, Lakshmi Narsimha Enclave, Lane-1,
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VISAKHAPATNAM 530 047, AP, INDIA

Contact: Email: admin@calarit.in Ph: +91-9440052815 / 7997143772

Website: <https://calarit.in>

Office Ref. #:

Course Registration Form

Personal Information of Candidate:

Full Name	
Email Address	
Phone / Mobile Number	
Gender (Tick)	<input type="checkbox"/> Male, <input type="checkbox"/> Female, <input type="checkbox"/> Other
Status	<input type="checkbox"/> Student, <input type="checkbox"/> Teacher, <input type="checkbox"/> Working, <input type="checkbox"/> Other _____
Qualification	_____ Year _____ Univ./College/Inst. _____
Recommended/Nominated /Sponsored By: <input type="checkbox"/> Self, <input type="checkbox"/> Org./Univ./Institution <input type="checkbox"/> CALARIT, <input type="checkbox"/> Others _____	Persons Name: Mobile: E. Mail:

Course Details:

Tick the Course(s) Selected for Registration					
<i>Abbreviations: IL: Introductory Level, FL: Foundation Level, AL: Advance Level</i>					
<input type="checkbox"/>	CFC01	Mobile Application Development (Android)- FL	<input type="checkbox"/>	CIC04	AI & ML Techniques - IL
<input type="checkbox"/>	CAC01	Mobile Application Development (Android)- AL	<input type="checkbox"/>	CFC04	AI & ML Techniques - FL
<input type="checkbox"/>	CFC02	Mobile Application Development (iOS) - FL	<input type="checkbox"/>	CAC04	AI & ML Techniques - AL
<input type="checkbox"/>	CAC02	Mobile Application Development (iOS) - AL	<input type="checkbox"/>	CAC05	Mobile Application Security and Testing - AL
<input type="checkbox"/>	CFC03	Cryptography Techniques - FL	<input type="checkbox"/>	CAC06	Mobile Communication Security and Testing - AL
<input type="checkbox"/>	CAC03	Cryptography Techniques - AL	<input type="checkbox"/>	CAC07	Mobile Device Security and Testing - AL
Select Course Duration		<input type="checkbox"/> 8 Weeks, <input type="checkbox"/> 12 Weeks, <input type="checkbox"/> 16 Weeks, <input type="checkbox"/> Semester <input type="checkbox"/> Term			
Course Fee (INR)		<input type="checkbox"/> IL _____ + <input type="checkbox"/> FL _____ + <input type="checkbox"/> AL _____ =			
Fee Concession for Bonafide Students		<input type="checkbox"/> Not Eligible, <input type="checkbox"/> Eligible for _____ % (Code: _____)			
Total Fee (INR)		_____ (In Words _____)			

Payment Information:

Payment Method	<input type="checkbox"/> UPI/Bank Transfer/Cheque, <input type="checkbox"/> Cash, <input type="checkbox"/> Credit/Debit Card, <input type="checkbox"/> Other _____
Transaction ID / UTR / Receipt No. & Date	
Bank & Branch / Remarks, if any	

Declaration:

I hereby confirm that the information provided above is true and I agree / my nominee agrees/ to abide by the rules and regulations of the course offered by CALARIT.

Place: _____ Date: ___ / ___ / _____ Signature _____