CALARIT

Office: Manager, T1, 3rd Floor, Lakshmi Narsimha Enclave, Lane-1,
Padmavathi Nagar, Beside Vasudeva Function Plaza,
Vepagunta-Simhachalam Road. VISAKHAPATNAM 530 047, AP, INDI
Contact: Email: manager@calarit.in / admin@calarit.in
Ph: +91-7997143772 / 7095808109
Website: https://calarit.in

Office Ref. #:

Course Registration Form

Personal Information of Candidate:

Full Name	
Email Address	
Phone / Mobile Number	
Gender (Tick)	☐ Male, ☐ Female, ☐ Other
Status	☐ Student, ☐ Teacher, ☐ Researcher, ☐ Working ☐ Other _____
Qualification	_____Year_____ Univ./College/Inst._____
Recommended/Nominated /Sponsored By: ☐ Self, ☐ Org./Univ./Institution ☐ CALARIT, ☐ Others _____	Persons Name: Mobile: E. Mail:

Course Details:

Tick the Course(s) Selected for Registration

Abbreviations: IL: Introductory Level, FL: Foundation Level, AL: Advance Level, EL-Executive Level

☐	CFC01	Mobile Application Development (Android)– FL	☐	CIC04	AI & ML Techniques - IL
☐	CAC01	Mobile Application Development (Android)– AL	☐	CFC04	AI & ML Techniques - FL
☐	CFC02	Mobile Application Development (iOS) – FL	☐	CAC04	AI & ML Techniques – AL
☐	CAC02	Mobile Application Development (iOS) – AL	☐	CAC05	Mobile Application Security and Testing - AL
☐	CFC03	Cryptography Techniques - FL	☐	CAC06	Mobile Communication Security and Testing - AL
☐	CAC03	Cryptography Techniques – AL	☐	CAC07	Mobile Device Security and Testing - AL
☐	CEC01	AI & Digital Governance - EL	☐	Other	

Select Course Duration	☐ 8 Weeks, ☐ 12 Weeks, ☐ 16 Weeks, ☐ Semester ☐ Term
Course Fee (INR)	☐ IL/ EL _____+ ☐ FL_____+ ☐ AL_____ =
Fee Concession / Special Offers, if any	☐ Not Eligible, ☐ Eligible for _____% (Code:_____)
Total Fee (Tick INR/USD)	(In Words:)

Payment Information:

Payment Method	☐ UPI/Bank Transfer/Cheque, ☐ Cash, ☐ Credit/Debit Card, ☐ 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(dd/mm/yyyy) : ___ / ___ / _____

Signature_____