



TRC-IECE Alumni Refreshers 2013-14 Enrolment Form



Course(s) you wish to enrol for _____

1. Personal Information

We need this information just in case we need to get in touch with you. Please provide accurate and complete details.

• Name: _____

• School: _____

Postal Address: _____

• Home Address: _____

• Telephone Numbers

School Landline: _____ Home Landline: _____

Your mobile number: _____

Your e-mail address: _____

2. Professional Qualifications/Experience

We need the following information to ensure this course will meet your needs.

• Have you earned any additional professional qualifications after completing the ECE-Certificate Programme?

Yes

No

If yes:

Name of Qualification: _____

Name of Institute: _____

Year: _____

- How long have you been working?

Dates (month & year)	School/Organisation	Your Job Title	Your Responsibilities
to			
to			
to			

3. Personal Statement

How do you think this refresher course will help you?

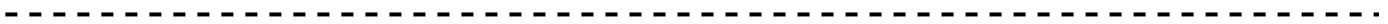
Signature: _____

Date: _____

The sum of Rs. _____ as refresher course fee by cash/cheque is enclosed.

Please Note:

- Incomplete forms will not be accepted.
- In case of disturbance in the city, please call TRC-IECE to check about the scheduled class.
- The course fee is non refundable.



For office use only

Date: _____

Receipt No: _____

Received by: _____