

Passport Photo

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COURSE REGISTRATION FORM**

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| First Name | Enter First Name as you want on the certificate | |
| Last Name | Enter Last Name as you want on the certificate | |
| Passport Name (First/Last) | Enter Name as on your passport | |
| Passport Number | Enter your passport number | |
| Sex | Male ☐ | Female ☐ |
| Address | Enter Complete Street Address | |
| City / State | Enter your City/State. | |
| Pin/Zip Code | Pin code | |
| Mobile Number | Mobile # | |
| Office Number |  | |
| E-Mail | Email address | |
| Courses participating |  | |

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| **Instructions**:   * Please open this document in MS Word and type the requested details prior to printing the document for signature. * Please enter all the requested details completely and do a thorough spell check. Cochin Implant Institute is not responsible for typographical errors. * Include a copy of your Passport & Degree Certificate with submission (Provisional certificates also qualify). Also attach a passport size photo (digital copies accepted). * 50% registration fee required for all courses at the time of registration * Invitation letters will be provided but CII is not liable for procuring VISA. * No cancellations or changes possible. The registration fee of IN.28,000/- is Non-Refundable. * In case of VISA rejection, CII has the right to review the request on a case basis. |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_