



**ORKIDS FOUNDATION**

**A Society registered under the Societies Registration Act 1860**

**Hands-on Training Program**

**IMPORTANT:** *Filling the application form does not guarantee admission.*

Name of the applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_ Name of father/spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Desired training period: \_\_\_\_\_ months.

Educational qualification: starting from most recent.

Institution	Year	Board	Subject	Division

Work experience (if any):  
Starting from most recent. Please include any voluntary work done.

Institution	Year	Description

Why do you want to pursue this course? {Not more than 100 words}

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are not contacted within one week of registration, please call on the numbers mentioned below.

**DECLARATION BY THE APPLICANT**

I hereby declare that all statements made in this application are true completed and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my registration is liable to be cancelled. If paying the monthly rate , I will accept the revised rate at the time of payment.

**FOR MORE INFORMATION, CONTACT US AT**

16/7, Kalkaji  
New Delhi – 110019  
Ph : 011-40529564, 9811633346  
Fax: 011-45085588

E-mail : [info@orkidsped.com](mailto:info@orkidsped.com)

Website : [www.orkidsped.com](http://www.orkidsped.com)

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Applicant's signature