Speed

SPEED MEDICAL CENTRE

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APPLICATION FORM

Course Applying For : **Residential Course _ Chennai**

1.Name of the Candidate **(IN CAPITAL LETTERS)**

2.Father's Name

3.Date of Birth Age Sex Male Female

4.Qualification 5.Completion of Course(year)

6.College in Which Studied

7.University

8.Full Postal Address for Communication

Pin

9. Tel.Number. (Res) : Mobile:

E-mail ID:

10.Permanent Address:

Pin

1.DD Amount :_____ DD No : _____Bank_____

I understand that the Registration fee paid will not be refunded under any circumstances.

Date **Signature of the Applicant**

FOR OFFICE USE ONLY

Name of Applicant :

Reg. No. : **R.No : RC** **Batch No.**

Reg. Date : **Officers Name :**

Residential Course Fees - 2010				
	Per Month (3 Person)	Per Month (2 Person)	Per Month (2 Person) AC	Per Month (2 Person) AC DELUX
Course Fees	Rs. 1000/-	Rs. 1000/-	Rs. 1000/-	Rs. 1000/-
Library Fees	Rs. 750/-	Rs. 750/-	Rs. 750/-	Rs. 750/-
Food & Accomodation	Rs. 4850/-	Rs. 5850/-	Rs. 6850/-	Rs. 7850/-
Total Fees per Month	**Rs. 6600/-**	**Rs. 7600/-**	**Rs. 8600/-**	**Rs. 9600/-**
Caution Deposit &	Rs. 19800	Rs. 22800	Rs. 25800	Rs. 28800
Month Rent	Rs. 6600	Rs. 7600	Rs. 8600	Rs. 9600
Total Amount (Registration)	**Rs. 26400/-**	**Rs. 30400/-**	**Rs. 34400/-**	**Rs. 38400/-**