

REGISTRATION FORM

We are pleased that you have selected us as your representative to get admission in the below mentioned colleges/universities under self-financing/partial scholarship category. Please fill in the information required below:-

Courses applied for : _____ Intake : _____

Preferred College/University : _____

Name : _____

Father's Name : _____ Mother's Name : _____

Father's Occupation : _____ Date of Birth : _____

Permanent Address : _____

Temporary Address : _____

Contact No. (Landline) : _____ Mobile : _____

Emergency Contact : _____ E-mail: _____

Examination Passed	School / College	Address	Marks Obtained	Passed Year

TOEFL/IELTS Score:

GRE/GMAT/SAT Score:

TERMS & CONDITIONS

- The selection of the candidate for the courses will be done at the discretion of the selection committee of the college / Universities
- Eligibility is subject to the minimum requirements stipulated by appropriate authorities.
- I completely understand all the information as counselled by Greenwich and mentioned in the prospectus/leaflets and website etc. of the concerned college and university.
- I am willing to take the admission at the preferred college/university.
- I understand that if Greenwich fails to arrange the admission at the preferred college/university only 50% of the registration fee will be refunded and the rest 50% will be considered administration charges/expenses.
- I understand that the registration/admission fee once paid is **not refundable** under any circumstances if I cancel my registration at any point of time.

DECLARATION

I hereby declare that the above information is true & correct to the best of my knowledge and belief. I understand that I am myself responsible for the **authenticity and verification of the certificates/credentials** submitted herewith for admission process.

Signature of Student

Date: _____

Signature of Parents