



PEARL BEAUTY ACADEMY

ADMISSION FORM

Reg.No: _____

Course Name: _____

Course Code: _____

Course Duration: _____

Adhaar No.: _____

Student Name: _____

Father's Name: _____

Mother's Name: _____

DOB: _____

Sex: _____

Category: _____

Marital Status: _____

Occupation: _____

Address: _____

Attach a recent
passport-sized
photograph here
securely

City: _____

Pin Code: _____

State: _____

Contact No: _____

E-mail: _____

Add: 43, Suresh Sharma Nagar, Part-3 Near Bajrang Dhaba, Bareilly

Mob: 7599236554, 9411233107

Email: pearlbg2013@gmail.com Web: www.pearlbeautygroup.com



PEARL BEAUTY ACADEMY

Qualification:

	Course/Field	Institute/College	Year	%age
Post-Graduation				
Graduation				
12 th				
10 th				

Admission Date: _____

Signature of Student

Signature of Authority

PEARL BEAUTY ACADEMY

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