

CHAHAL NCLEX ACADEMY

--- Conquer NCLEX from the comfort of your Home ---

ENROLLMENT FORM

Name: _____

D.O.B: _____

(MM/DD/YYYY)

Address: _____

(house #, street address)

_____/_____/_____/_____
(city) (state) (zip/postal code) (country)

Phone: _____/_____

(Mobile)

(other)*

E-mail: _____@_____

Identity Proof: (Please provide copy of any one of the below ID proofs)

- Driver's License
- Passport
- Or any other government issue ID

How did you hear about us?

- Google
- Referral, please state who or where: _____
- Others, please state who or where: _____

Contact Info

Email: contact@chahal.net | Site: <https://chahal.net>

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TERMS AND CONDITIONS:

1. First three classes will be trial classes Free of cost
2. Fee will be paid in two installments i.e first installment within first month and second installment within 3rd month after enrollment.
3. Fee will be non-refundable.
4. Classes will be from Monday to Friday for one hour via Skype as per student's convenience.
5. One group will have a maximum of 4 students.

I acknowledge that I have read and agree to the above term and conditions.

(Student Signature)

Date: ____/____/____

(MM/DD/YYYY)

Contact Info

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