

Registration No:

REGISTRATION FOR THE A/L PRACTICAL COURSES

Course/s you wish to register for : (Please Circle)	CHEMISTRY	PHYSICS	BIOLOGY
BATCH :	BOYS	GIRLS	

1. Name in full

2. College Attending

3. Home Address

4. Contact No.

Land

Mobile

5. E-mail

6. How did you hear about us?

Friend	Newspapers	Internet	Magazine	Flyer	Others:
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I, have read and understood the laboratory safety rules and do hereby agree to abide by them. Also I do not hold the staff of Chembase School of Chemistry responsible for any damage / injury caused due to any chemicals or apparatus during the practical sessions.

Date: _____

Signature of the Applicant

For Office Use Only;

Course commencing date:

Batch:

Payments Received :

First Installment : Rs. _____ (Receipt No:) Date :

Second Installment : Rs. _____ (Receipt No:) Date :

Refundable deposit : Rs. _____ (Receipt No:) Date :

List of the apparatus damaged :

Total value of the apparatus damaged:

Amount to be refunded :

Cheque number / Date of the refund :

To be signed by the applicant at the end of the course

I, _____ do hereby receive sum of Rupees _____
from the refundable deposit as the balance after deducting the amount due to the damages caused.

Date: _____

Signature of the Applicant