

**INTERNATIONAL MONTESSORI, KINDERGARTEN  
AND NURSERY TEACHERS' TRAINING CENTRE  
(INTEGRATED MODERN SYSTEM)**

66, Royapettah High Road, Mylapore, Chennai - 600004.

Phone: 24980078      Mobile: 9962313177

**APPLICATION FORM**

Name (in Block Letters) : \_\_\_\_\_

Name of Father/Guardian/Husband : \_\_\_\_\_

Occupation of Father/Guardian/Husband : \_\_\_\_\_

Annual Income of Father/Guardian/Husband : \_\_\_\_\_

Present Address : \_\_\_\_\_

Phone: \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Nationality/Religion: \_\_\_\_\_

Educational Qualification : \_\_\_\_\_

Name of College or School last attended : \_\_\_\_\_

Course opted for Study: \_\_\_\_\_

Optional Subjects for Advanced Diploma Courses only. 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

Whether Hostel accommodation is required? \_\_\_\_\_

Regular/Postal Tuition required : \_\_\_\_\_

Whether employed, if so furnish details : \_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I have read the rules and regulations of International Montessori, Kindergarten & Nursery Teachers' Training School and I assure that I hereby agree to abide by the Rules and Regulations of the Institution. I will not ask for any refund of fees paid, and I am liable to pay the full fee even if I discontinue my study under any circumstances. Personal details furnished above by me are true and correct. I agree that if any dispute arises, it is subject to the jurisdiction of Chennai city only.

Place:

Date:

Signature