



London Institute Of Vocational Studies

Head Office : West Midlands Walsall, WS4 1SA, England, United Kingdom

ADMISSION FORM

Sr. No. _____ Date _____

1. Full Name _____

4. Date of Birth (dd/mm/yyyy) _____

5. Sex (✓) : Male Female

6. Name of Course _____

7. Permanent Address _____

Post Code _____

8. Contacts _____

DECLARATION

I

agree that above information are true and correct to the best of my knowledge and belief and nothing has been concealed there from. I also agree that the event of wrong information i may be liable to be cancelled.

Note : Phone are not allowed in Class. Deposit it in office.

Institute can click the student's Picture of All Activities During Course and use for advertisement.

In any dispute, final decision will be of Institute. I Agree.

Signature of Candidate _____



www.vocationalstudys.com



www.londonivs.com

