

Date of Application: ___/___/___

Name: _____ Age: _____

Contact Number: _____

Education Qualification: _____

Address: _____

Choice of Course Curriculum:

Diploma in Holistic Spa Therapies Diploma in Integrated Spa Therapies

Diploma in Advanced Spa Therapies Diploma in Spa Management

Choice of Batch:

Spring Summer (April)

Fall Winter (September)

Accommodation Required:

Yes

No

I am an International Student:

Yes

No