

**SPANISH WORKSHOP
(Application Form 2011-12)**

Xavier Institute of Communications

St. Xavier's College, Mumbai 400 001

Tel: (022) 2262 1366, 2262 1639

Fax : (022) 2265 8546

Web-site: www.xaviercomm.org

Name: _____
(First Name) *(Surname)*

Date of birth: _____ **Sex:** M / F _____ **Married:** Y/N _____
(D / M / Y)

Local Address: _____

Pincode: _____

Email: _____ **Tel:** _____

Academic Qualifications: _____
(degree) *(subject)*

Briefly give your reason for joining this course: _____

For office use only

Paid Tuition Fee _____ Paid Registration Fee _____

Admitted / wait-listed / not admitted

Course Instructor

Signature

Receipt No. _____

Date _____