

St. Xavier's College (Autonomous)

Curricula unit
Xavier Institute of Communications

PUBLIC SPEAKING AND PERSONALITY ENHANCEMENT (Workshop Application Form)

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)*

Languages Known		
(Read)	(Write)	(Speak)

For office use only

Paid Tuition Fee _____ Paid Registration Fee _____

Admitted / wait-listed / not admitted

_____ *Signature*

Course Instructor

Receipt No. _____ Date _____

Xavier Institute of Communications

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