

Add.: 1st Floor, Raja Rani Tours & Travels Premises, Rejoice Clinic, 214, Lady Jamshedji Rd, Dadar (West), Shivaji Park, Mumbai, Maharashtra 400028 Mobile: 9222229966 / 9821535513 Email: replyihht@gmail.com Web.: www.ihtt.in

Admission / Application Form

Full Name (in block letters): _____

Date of Birth: _____ Gender: Male Female Other

Nationality: _____ Marital Status: Single Married Other

Contact Number: _____ Email ID: _____

Address for Communication: _____

Educational Qualifications _____

Examination Board/University Year of Passing _____

Percentage/Grade 10th / SSC 12th / HSC MBBS Others (if any) _____

Professional Experience (If Any) _____

Organization: _____ Designation: _____

Years of Experience: _____

Course Applying For:

Hair Transplant Technician Course ☐ Fellowship In Hair Transplant ☐ Fellowship In Tricology

☐ Fellowship In Cosmetology Other (Specify): _____

Preferred Batch: _____ Dates: _____

Documents to Attach (Photocopies)

ID Proof (Aadhaar/Passport/Driving License) Educational Certificates

Medical Registration Certificate (For Doctors) Passport Size Photograph (2)

Experience Certificate (if applicable)

Declaration: I hereby declare that all the information provided above is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of IHTT.

Date: _____

Applicant Signature