



ELIMAYA FASHION DESIGN & DECOR INSTITUTE

SPINTEX, Estate Junction - Behind the ECOBANK
HOUSE NO. J113 Parakuo Estate.
CONTACT: 0245856658/0505988982

Ref. No. EM005/0022

ENROLMENT FORM

Passport Picture

Read the terms below before embarking on filling this form.

1. Once the form is filled by the applicant he/she is bonded by the rules and regulations of the institution.
2. False or fake information given makes the form invalid
3. State clearly any experience had in the field of fashion with valid certificates.
4. State clearly if there is any illness or allergic reaction by the applicant.
5. Payments should be done through Zenith Bank, account number: **6012802307** with the account name
ELIMAYA FASHION DESIGN AND DECOR. (HTU Branch)
6. Summit receipts of the deposit form when you are through with this procedure to the institution.
7. Payments made are not refundable.
8. Fill the form boldly in ink and in block letters.
9. Applicants should attach two passport size pictures to the form before submitting;
10. Submit the original and photocopy of the form.
11. Mistake should to be corrected neatly with a correction fluid.
12. Section for the guardian must be strictly filled by the person responsible for funding the applicant.
13. All student are to pay in full, graduation fee before certificate issued.

Having read the terms and conditions of this institute, kindly flip to fill the next section as required.

Fill All Sections Correctly In Ink

• **STUDENT PROFILE**

Surname

First Name

Other Names

Gender MALE FEMALE Date of Birth D/M/Y

Nationality Occupation

• **MARITAL STATUS**

Single Married

Address

Email

Telephone

• **COURSES AVAILABLE**

One and half years Regular in Fashion Design

- * **PATTERN CONSTRUCTION**
- * **GARMENT CONSTRUCTION**
- * **TAILORING**
- * **MILLINERY AND ACCESSORIES**
- * **EVENT DECORATION**

Three Months Master Class

- * **HAND MADE TAILORED SUIT AND WEDDING GOWNS**

• **EDUCATIONAL ATTAINMENT** *[attach photocopy]*

Tertiary S.H.S J.H.S Vocational

[attach medical report]

Name of School/Institution:

Course/Program:

Academic Honor:

Year (From): (To):

• **MEDICAL CONDITIONS** *[attach medical report]*

Allergy:

Physically Challenged:

Any Other:

• **GUARDIAN SECTION**

Name :

Relation:

Address:

Mobile Number:

[The Guardian is the only one designated to call the Institution and enter additional information of Applicant]

• **MODE OF FORM PURCHASE**

Direct WhatsApp Online/Email

UNDERTAKING

I, hereby pledge to abide by the rules and regulations of this institute.

Student's Signature: Date:

Student Number