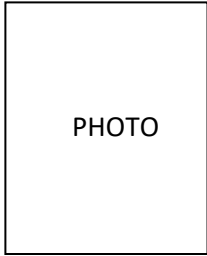


KYODAI ACADEMY
A Japanese Language and Skill Training Academy



ADMISSION / REGISTRATION FORM

First Name:

Middle Name:.....

Last Name :

Sex : Age: D.O.B :

Parents' Name:

Contact-Number:..... E-mail :.....

Permanent-Address.....
.....

Local-Address:

Local Guardian's Name:

Contact No: Relation.

Qualification.....

Health Issue: Yes No If yes, mention:

.....

COVID vaccination: completed Not completed

Purpose to join Kyodai Academy Japanese Institute: (tick one)

1. Learn basic language 2. Study in Japan 3. Work In Japan

If work, which sector? Caregiving Agriculture
Hospitality& Accommodation Food/ Restaurant Industry

Class preferred: Online Physical

- However practical classes will be conducted in physical presence at the Academy.

Preferred Time Slot: Morning: 6:30 a.m. to 8:00 10 am to 11:30 am

Afternoon: 4:00 pm to 5:30 pm 6 pm to 7:30 pm

I hereby declare that the information given above is true and I accept to be abide by the rules and regulation of Kyodai Academy. I fill up this form to be the student of this academy with full consent of my family.

Applicant's Signature