

Affix your recent
passport size
photograph.

NOTES FOR COMPLETING THIS APPLICATION FORM

Please ✓ where required.

Please complete this form clearly in black or blue ink.

If you face any problem completing this form, please email enq@britishcollege.in or call +91 11 47775555

1. Course Details --- English Course

Course Name : _____ Duration : _____
 Intake : _____ Month _____ Year Full Time Part Time

Course Details --- Academic Course

Course Name : _____ Duration : _____
 Intake : _____ Month _____ Year Taught Distance Learning
 Year of Entry : 1 2 3

2. Personal Details

Title (Mr/Mrs/Miss/Ms etc) : _____ Gender : M F
 First/Given Name : _____ Surname/Family Name : _____
 Date of Birth (dd/mm/yyyy) : _____ E-mail : _____
 Permanent Address : _____
 State/County : _____ Country : _____ Zipcode : _____
 Telephone (including international code) : _____ Mobile (including international code) : _____
 Address in India (If any) : _____
 Telephone (in India) : _____ Mobile (in India) : _____

3. Passport Details

Do you require a student visa to study in India : Yes No Nationality as on your Passport : _____
 Passport Number : _____ Date of Issue(dd/mm/yyyy) : _____ Date of Expiry (dd/mm/yyyy) : _____

4. Educational Qualifications

Please mention your qualifications below in date order starting with the most recent

University / College / School	Qualification and awarding body	Subject(s)	Results in full	Month MM/Year YY Completed or expected to complete	In which language was this assessed/ examined ?

5. Employment History

Please mention your employment history, if applicable, in date order starting with the most recent.

Employer and type of business	Position held / job title	Brief description of role / duties / responsibilities	Start date (Month MM/Year YY)	End date (Month MM/Year YY)

6. English Language Qualifications

Qualification and awarding body	Results (all components)	Month MM/Year YY Completed or expected to complete

7. Documents Attached

<input type="checkbox"/> Copy of Passport	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Passport Size Photograph	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. References

Please provide details of two referees.

Name	Company / Organisation	Relationship to you	Address	Telephone number & e-mail (including country codes)

Monitoring Information

How did you hear about us ?	BCES website	<input type="checkbox"/>	Brochure	<input type="checkbox"/>	Referral	<input type="checkbox"/>
	Newspaper	<input type="checkbox"/>	Google	<input type="checkbox"/>	Other :	_____
	Agent	<input type="checkbox"/>	If Agent, please provide details : _____			

Final Check-List

Please check you have supplied all the required information in this check-list :

1. Completed all sections of the application form Yes
2. Attached self certified copies of academic transcripts and examination results Yes
3. Send your application and copies of academic transcripts and examination results either by :

Emali (scanned) : adintl@britishcollege.in

or Post: BCES, Admissions Office, 31/3 A, 2nd Floor, Ashok Nagar, Opp. Gate No.3 of Tilak Nagar Metro Station, New Delhi-110018, India.

Declaration

I declare that the information I have supplied on and with this form is complete and correct. I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of my enrollment. I have read, understood and agreed to the term and conditions and fees of British College for Excellence in Studies as outlined on the British College for Excellence in Studies website. I understand that I have to pay the tuition fees once it is due and that the fees may be increased by the management. I authorise British College for Excellence in Studies to supply any relevant data to its affiliated/Universities/Educational bodies and to supply official records of my progress at British College for Excellence in Studies to my parents, guardians, sponsors or their nominee.

I confirm I have read, understood and agree to the declaration above (please ✓) : Yes

Signature :

Date :

Name of the applicant :

Place :

To be completed by the applicant's parent or guardian, if the applicant is under 18 years of age :

I confirm I have read, understood and agree to the declaration above (please ✓) : Yes

Signature :

Date :

Name of the Parent/Guardian :

Place :

Office use only

Student ID :

Course Offered : Yes No

Course opted for :

Type of Course :

Duration : From _____ till _____

Admission Officer :

Signature :

Date :

Fees to be Paid :

Fees Paid :

Receipt No :

Balance :

Documents Pending :

P.I: 1st:

Date :

2nd:

Date :

3rd:

Date :

4th:

Date :

Director Signature:

Date :