LEARN | PRACTICE | MASTER | BUILD YOUR CAREER

Devi's PROFESSIONAL BEAUTY ACADEMY

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PROFESSIONAL BEAUTY ACADEMY

SKILLED BEAUTY PROFESSIONALS • BRIGHTER TOMORROWS

BEAUTY
SKILLS
CONFIDENCE
INDEPENDENCE
CAREER GROWTH

COURSE APPLICATION FORM

1. PERSONAL DETAILS

Full Name (as per ID proof) : _____

Date of Birth : ____ / ____ / _____ Age : _____

Gender : ☐ Female ☐ Male ☐ Other

Mobile Number : _____

WhatsApp Number : _____

Email ID : _____

Full Address : _____

_____

City : _____ Pincode : _____

STUDENT PHOTOGRAPH

Affix Recent Passport Size Photo (Please do not staple)

2. PARENT / GUARDIAN DETAILS (If applicable)

Parent / Guardian Name : _____ Relationship : _____

Contact Number : _____ Occupation : _____

3. EDUCATIONAL DETAILS

Highest Educational Qualification : _____

Name of Institution : _____

Current Occupation (if any) : _____

Have you undergone any previous beauty / makeup training? : ☐ Yes ☐ No

If yes, please specify (Academy / Course / Year) : _____

4. COURSE APPLYING FOR (Tick ✓)

☐ Basic Beautician
☐ Advanced Skin & Hair Therapist
☐ Bridal Makeover Specialist
☐ Makeup Artist Pro
☐ Hairstylist Pro
☐ Saree Draping Specialist

5. TRAINING PREFERENCE

Preferred Batch : ☐ Weekday ☐ Weekend Preferred Timing : _____

Full-time / Part-time : ☐ Full-time ☐ Part-time Preferred Course Start Date : ____ / ____ / _____

6. HOW DID YOU HEAR ABOUT US? (Tick ✓)

☐ Instagram ☐ Facebook ☐ WhatsApp ☐ Google ☐ Friend / Student Reference ☐ Walk-in ☐ Other: _____

No. 1, Bharathidasan Street, Thiruvanmiyur, Chennai – 600041

7010814563 | devis_bridal_studio

Beauty Creates New Possibilities ♥

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7. YOUR INTEREST & GOALS

Why do you want to join this course? : _____

_____

_____

What are your career goals? : _____

_____

_____

8. PREVIOUS EXPERIENCE (If any)

Have you worked in a salon / as a makeup artist before? : ☐ Yes ☐ No

If yes, please provide details : _____

Any certifications (if any) : _____

9. AREAS OF INTEREST (You may select more than one)

☐ Skin Care ☐ Hair Styling ☐ Makeup ☐ Bridal Look ☐ Saree Draping

☐ Nail Care ☐ Client Handling ☐ Salon Management ☐ Freelancing ☐ Start My Own Business

10. HEALTH & LEARNING INFORMATION

Allergies / Skin sensitivities relevant to training (if any) : ☐ Yes ☐ No

If yes, please specify : _____

Any special requests / learning needs : _____

11. DECLARATION BY APPLICANT

I hereby declare that:

1. The information provided in this form is true and correct to the best of my knowledge.
2. I am committed to attend the classes regularly and follow the rules and regulations of Devi's Professional Beauty Academy.
3. I understand that the fees paid are non-refundable and non-transferable.
4. I am joining this course with a genuine interest in learning and building my career in the beauty industry.

Date : ____ / ____ / _____

Place : _____

_____
Signature of Applicant

12. ACADEMY USE ONLY

Application No. : _____

Course Allotted : _____

Batch : _____

Start Date : ____ / ____ / _____

Payment Details : ☐ Full Payment ☐ Advance ☐ Pending

Remarks : _____

Documents Received (Tick ✓)

☐ ID Proof
☐ Address Proof
☐ Photograph
☐ Educational Certificate (if any)
☐ Payment Receipt
☐ Other: _____

_____
Authorised Signature

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