



GapSkills®

Skill Development, E-Learning, Leadership Coaching

Young Ambassadors Program

Registration Form

Personal Information		
First Name:	Middle Name:	Last Name:
Date of Birth: (MM/DD/YYYY)	Gender:	Affix your recent passport size photograph here
Mobile #:	Email ID:	
Address for Communication:		
Parent/ Guardian Name:		Parent/ Guardian Contact Number:
Name of the Educational Institution	Subjects	Areas of Interest
Brief statement of purpose in applying for the program:		
Have you attended a similar program before? If yes, please provide details of the program attended.		
Payment details for the amount Rs. 16000 (Inclusive of GST at rate of 18%)		
Tick the suitable Mode of Payment: <input type="checkbox"/> Online Transfers <input type="checkbox"/> Cheque <input type="checkbox"/> DD Note: All remittances to be made payable to GapSkills Learning Solutions Private Limited, payable at Hyderabad as per detail given below:		
Online Transfers	Name of Bank: ICICI Bank, Khairatabad Branch, Hyderabad Account Name: GapSkills Learning Solutions Pvt.Ltd. Account No: 000805500072 IFSC: ICIC0000008	
DD/Cheque Number:	Dated:	Amount:
Drawn On:		
Signature of Parent/ Guardian:		Date:

Registration Process:

- Send us a scanned copy of the duly filled Registration form to info@gapskills.com
- Applicants must to bring the hard copy of the Registration form while coming to the program
- Incase of Cheque, hand over the valid cheques 2 days prior to commencement of the program