BRITISH® ACADEMY

Transforming Futures

Enquiry Form

ENQUIRY NO : _____

COURSE : _____

DATE : _____

1. Name : _____

2. Address : _____

_____

3. Phone No. : (R) _____ (O) _____ (M) _____

4. Date of Birth : _____ 5. Educational Qualifications : _____

6. Name of College / School : _____

Present Activity

- **Service** _____ • **Professional** _____ • **Business** _____
- **Student** _____ • **Housewife** _____ • **Others (Please Specify)** _____

You came to know of BRITISH ACADEMY through : Please Tick : ☐

Newspaper/Magazine : ☐ Name of the Publication : _____

Personal Reference : ☐ Name of the Person : _____

Cable T.V. : ☐ Pamphlets : ☐ Posters : ☐

Bus-Hoardings : ☐ Banners : ☐ Glow Signs : ☐

Any other (Please Specify) : _____

Signature : _____

FOR OFFICE USE ONLY

Batch time Preferred : _____

Suggested Follow up : _____

Counselled by : _____ Time : _____

Date	Time	Summary of Follow-up	Counsellor's Initials