



Date: _____

Day: _____

Student Query Form	
Full Name	
Full postal Address	
Contact Number	
E-mail ID	
Are you a Student? (If yes, Please Specify details)	
Qualification	<input type="checkbox"/> Matric <input type="checkbox"/> Intermediate <input type="checkbox"/> Graduate <input type="checkbox"/> Masters
Your Desired Course	<input type="checkbox"/> Web development <input type="checkbox"/> App Development <input type="checkbox"/> WordPress <input type="checkbox"/> Shopify Development <input type="checkbox"/> Digital Media Marketing <input type="checkbox"/> SEO <input type="checkbox"/> Graphic Designing <input type="checkbox"/> MS Office
How did you hear about us?	
Details of your Query	<input type="checkbox"/> Course Fee <input type="checkbox"/> Course Structure <input type="checkbox"/> Course Schedule <input type="checkbox"/> Other
For Office Use	
Reference Name	
Registration Fee	<input type="checkbox"/> YES <input type="checkbox"/> NO