MEP EDUCATION

STUDENT ADMISSION FORM

For Health Facilities HVAC Designing Course

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1. Personal Information

- **First Name:** _____
- **Middle Name:** _____
- **Last Name:** _____
- **Full Name:** _____
- **Date of Birth (M/D/YYYY):** _____
- **Gender:** ☐ Male ☐ Female ☐ Other
- **Nationality:** _____
- **ID/Passport Number:** _____

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2. Contact Details

- **Address:** _____
- **City:** _____ **State:** _____
- **Country:** _____ **Zip Code:** _____
- **Mobile Number:** _____
- **WhatsApp:** _____
- **Email Address:** _____

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info@mep.education / www.mep.education
14350. Mundy Drive, Noblesville, IN. 46060. USA / +1 77.8074222

3. Educational Background

- **Highest Qualification:**

  ☐ High School ☐ Diploma ☐ Bachelor's ☐ Master's ☐ Other _____
- **Field of Study: _____**
- **Institution/University: _____**
- **Year of Completion: _____**

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4. Professional Information *(if applicable)*

- **Current Employer/Organization: _____**
- **Designation/Job Title: _____**
- **Work Experience (Years): _____**
- **Relevant Experience in MEP (Yes/No): _____**

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5. Course Enrollment Details

Health Facilities HVAC Designing:

Mode of Learning

(Please tick the Course Details)

- **☐ Online Training**
- **☐ Hybrid Training**
- **☐ Self Study**
- **☐ Classroom Training**

Preferred Batch Timing:

(Please tick the Batch Timing)

- ☐ **Weekdays (Morning)**
- ☐ **Weekdays (Evening)**
- ☐ **Weekends (Morning)**
- ☐ **Weekends (Evening)**
- ☐ **Weekends (Morning & Evening)**

Course Duration 8 – 16 Weeks (Based on selected track)

5. Skills & Learning Objectives

- **What are your main goals in taking this course?**
  - ☐ **Career Advancement**
  - ☐ **Skill Upgrade / Professional Development**
  - ☐ **Academic Knowledge Support**
  - ☐ **Transitioning into MEP / HVAC Industry**
  - ☐ **Other: _____**
- **Please describe briefly why you are interested in joining this program:**

6. Supporting Documents (To be Attached)

- ☐ **Copy of Passport / National ID**
- ☐ **Copy of Latest Educational Qualification Certificate**
- ☐ **Updated CV / Resume**
- ☐ **Passport-size Photograph (Recent)**

7. Payment & Fee Details

- **Course Fee: USD _____**
- **Mode of Payment: ☐ Bank Transfer ☐ Credit/Debit Card ☐ PayPal ☐ Cash**
- **Payment Status: ☐ Paid ☐ Pending ☐ Installments Requested**
- **Transaction / Reference Number: _____**

8. Terms & Conditions

1. **All fees once paid are non-refundable.**
2. **Admission will be confirmed only after verification of documents and full or partial payment.**
3. **The institution reserves the right to change class schedules, trainers, or training platforms if required.**
4. **Participants must maintain discipline and adhere to professional ethics during the course.**
5. **Certificate will be awarded only upon successful completion of assignments, projects, and final assessment.**

I hereby declare that the information provided above is true to the best of my knowledge. I agree to abide by the rules and regulations of the institution.
Signature of Applicant: _____
Date: ____ / ____ / _____

6. Emergency Contact

- **Name: _____**
- **Relationship: _____**
- **Contact Number: _____**

7. For Office Use Only

- **Admission Number: _____**
- **Course Enrolled: _____**
- **Batch/Session: _____**
- **Fees Paid: ☐ Yes ☐ No**
- **Payment Reference No: _____**
- **Admission Approved By: _____**
- **Date of Admission: _____**