



ONLINE CERTIFICATE PROGRAMME IN MUSIC THERAPY

Date :

*All Applicants should complete this form in **FULL***

Please type the application

Please do not attach Curriculum Vitae

Applicants may attach extra sheets if necessary

*Pl. affix a
colour photograph
Passport size
for identity card*

Personal Details

Family Name : _____

Title : _____

First Name(s) : _____

Address : _____

Telephone : _____

Mobile : _____

Email : _____

Country : _____

Postal Code : _____

EDUCATION AND QUALIFICATIONS

Educational Institution	Dates		Qualifications
	From	To	

WORK EXPERIENCE

Please add any relevant voluntary work experience

Place of Work	Up to Year		Job / Duty
	From	To	Responsibilities

PERSONAL STATEMENT

Please explain your life experiences and your reasons to attend this training programme

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Rules :

1. The On-line Certificate Course will run subject to recruitment of students
2. In the event of program cancellation by Chennai School of Music Therapy Pvt. Ltd., participants will be entitled to a full refund
3. No refund is allowed if the applicant wants to cancel the participation after payment of fees and the amount is not transferable.
4. Please note that payment of full fees is required for registration and participation in the program. The payment strictly to be made only upon confirmation of admission.
5. Seats are limited and awarded on a “first-come first-served basis.
6. Chennai School of Music Therapy Pvt. Ltd. reserves all the rights to admission of candidates to the course and mere application does not confirm admission to the course.
7. Fees payable of Rs.40,800/- in favour of Chennai School of Music Therapy Pvt. Ltd. is to be made only by NEFT and not by any other mode. Bank details: Account name: Chennai School of Music Therapy Pvt. Ltd; Nature of account: Current Account; Account No. 6013337595; IFSC Code: IDIB000P193; Bank Address: Indian Bank, Puzhuthivakkam Branch, No.3, Medavakkam Main Road, Chennai 600 091. BIC/Swift Code for international transfers: IDIBINBBTSY.
8. Please send the scanned copy of the filled-in application with the photo affixed along with document copies in proof of your academic attainments, photo identity, and residential address to the email info@chennai-musictherapy.org. Hard copies need not be sent.

Declaration :

I declare that all information given in this application form and the attached documents are, to the best of my knowledge, accurate and complete.

I consent that if registered, I will conform to the Rules and Regulations of the School.

Signature of Applicant

FOR OFFICE USE ONLY

Date Received