



STICK
1 PHOTO
HERE

Courses 2014
REGISTRATION FORM

NAME :
FATHER 'S NAME :
SEX :
DATE OF BIRTH :
FULL POSTAL ADDRESS :
EDUCATION :
LANGUAGES :
MOBILE NUMBER :
LANDLINE NO. :
EMAIL, IF ANY :
PROFESSION OTHER THAN IN FARRIERY :
EXPERIENCE IN YEARS IN ABOVE PROFESSION :
WORK EXPERIENCE WITH HORSES:
WORK EXPERIENCE IN FARRIERY :
YEARS OF EXPERIENCE IN FARRIERY :
SPONSORED BY /SELF
REFERENCES WITH DETAILS :

I WISH TO ENROL MYSELF FOR THE FARRIERY COURSE OF THE FLYING ANVIL
FOUNDATION FARRIERY INSTITUTE DUNDLOD.
I SHALL ABIDE BY THE RULES AND REGULATIONS OF THE INSTITUTE
I UNDERSTAND THE RISK INVOLVED WHILE DOING THIS COURSE AND
TAKE FULL RESPONSIBILITY IN THE EVENT OF
ANY INCIDENT/ACCIDENT HAPPENING TO ME.
THE INSTITUTE OR ITS MANAGEMENT SHALL IN NO WAY
BE RESPONSIBLE FOR ANY SUCH INCIDENT/ACCIDENT

SIGNATURE :

PLACE :

DATE :

Fill in form and send to :

Indigenous Horse Society of India,
Dundlod Fort, Dundlod 333702, Jhunjhunu (Rajasthan)

