



Affiliated by : **Thai Massage School Of Chiangmai, Thailand**

Course Registration form

1.Name :

2.Father Name :

3.Date of Birth :

4.Residential Address :

5.Permanent Address :

6.E-Mail Address :

7.Contact No :

8.Educational Qualification :

9.Technical Qualification :

10.Experience :

Photo Of Student

AIM SPAS
Abdul International Massages

11.Your future plan & Ambitions:

12.Are you a Massage Therapist? Yes/No:
(If Yes, how many years)

13. Are you interested to work with our SPA Team? :
(Yes or No)

14. Do you have knowledge in other type of massage? :
(Yes or No, if yes, details required)

15. Do you have any physical limitation? :

16. How do you know about AIM? :

17. Course applied for :

10 Sen Lines Thai Massage	: Fee _____	Course date _____
Thai Foot Reflexology	: Fee _____	Course date _____
Deep Tissue Massage	: Fee _____	Course date _____
Hot Stone Massage	: Fee _____	Course date _____
Spa Treatments	: Fee _____	Course date _____
Thai Ayurveda Massage	: Fee: _____	Course date _____

Please pay fee in full prior to class starts:

Note:

- Alcohol, Smoke and tobacco strictly prohibited before and during the classes
- Photo copies of the essential documents are to be submitted on before the course starts
- Mobile phones prohibited during the class hrs
- Lunch hrs will be 30 min
- The total fees must be paid before the class commence

I here by declare that details given above are true and correct to the best of my knowledge. I assure that I will abide the rules of the Institution.

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Date :

Applicant's signature

Place :