



APPLICATION FOR MODULAR COURSES IN MUSIC THERAPY

MODULE NAME:

Date :

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

***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 : _____

Rules :

1. The Modular Course will run subject to recruitment of students.
2. In the event of programme cancellation by Chennai School of Music Therapy, 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 transferrable.
4. Please note that payment of full fees is required for registration and participation in the programme.
5. Places are limited and awarded on a 'first-come first-served' basis
6. Please send the scanned copy of filled-in-form with a photo affixed to info@chennaiusictherapy.org. The hard copy of the application form need not be sent by post.
7. The relevant fees for each modular course 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

A/c. Name : Chennai School of Music Therapy Pvt. Ltd.

Nature of A/c. : Current Account

A/c. No. : 6013337595

IFSC Code : IDIB000P193

Bank : Indian Bank

Branch : Puzhuthivakkam

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.

I am aware that the certificate awarded for this course is not a professional certification for Music Therapy practice.

Signature of Applicant

FOR OFFICE USE ONLY

Date Received