



2 days

Sixth Sense Activation Workshop

Aimlife Multitrade Pvt. Ltd.



(An ISO
9001 : 2008
Certified Company)

REG. OFFICE: - UCP-037, BENGAL AMBUJA,
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Application Form

SI No.

Name :

Father's Name:

Mother's Name:

Date of Birth: Gender: Male Female:

School Name : Class:

Res. Address:

Town/City: Dist:

State: PIN:

Mobile No. (1) (2)

Email:

Have you done your DMIT (Dermatoglyphics Multiple intelligences test)

Declaration:

1. I/we declare that the aforesaid information furnished by me/us are correct.
2. I/We have gone through the clauses of the TERMS & CONDITIONS given overleaf carefully & agree to abide by the same.
3. I/We undertake that any violation /non - compliance on my / our part will entitle to terminate my / our AUTHORISATION immediately without assigning any reason as well as any legal proceedings required for such termination.

Franchise Name : ID No.

Sponsor Name : ID No.

Membership No.

Date

Signature of Guardian

(For Office Use Only)

Member Name _____ ID No. _____

Franchise Name _____ ID No. _____

Amount _____ Details _____

Date-

Signature Of Authorised Person

