



RTI MONTESSORI TRAINING CENTRE

0-3 AMI ORIENTATION COURSE(formerly known as the AMI Assistants Certificate Course)

Serial No: _____

Status of Admission: _____



Full Name (in block letters):

(first) _____ (middle) _____ (last name) _____

Date of Birth: _____ Age: _____

Permanent Address:

Tel. No. : (with STD code) _____ Mobile No.: _____

E-mail ID: _____

Nationality: _____

Educational Qualifications: (A photocopy or scan of last Educational Qualification. Please DO NOT SUBMIT ORIGINALS)

Have you done a Montessori Diploma or Certificate course at any level before? If yes please give details:

How did you learn about this Course: _____

Reasons for joining this course: _____



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Fee Payment Transaction Number: _____ **Date:** _____ **Amount** _____ **Bank** _____

Note:

1. The application form duly completed should be submitted at the Ratan Tata Institute's address mentioned in the Course Brochure OR email a scan copy atoorientationcourse@gmail.com
2. The application form should be accompanied by
 - Scanned copy of the application with passport size photograph.
 - A xerox copy of the relevant certificate.
 - Life Sketch (500 words about your self)
 - Medical Certificate

DECLARATION

I have read and understood the RTI Montessori Assistants Course brochure and hereby apply for admission to the Course and formally agree and undertake to abide by the rules and conditions as set forth in the course brochure. I assure that I am medically fit and can undertake the Course and complete the requirements. I am enclosing the required certificate. I assure that the information given is completely true and take responsibility for the information. I understand that if the information furnished is found false, I would lose the admission, and the right for certification. I understand that in such a case the **Course fee would not be refunded** and that AMI Primary Auxiliary Trainers hold the sole right for all decisions in this regard. I also understand that I have read and understood that I will submit all assignments in my original words and with complete academic honesty. In addition to the assignments, I understand that 90 percent attendance, and completion of 9 hours observation is the requirement for the certificate.



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Date: _____

Signature: _____

Place: _____

Name: _____

Requirements for the completion of the course:

- 90% Attendance.
- Completion of Submissions required.
- Completion of The Observation hours as required by the course.

Total Fee INR 25,000/- Per Student

Lecture Hours: Dates: May 03 to May 21, 2021

Days of the Week: 5 days, Monday – Friday (Off on 13th May owing to the festival of ID)

Timings: 3:45 PM to 6:30 PM IST

Format: Online

Last date of applying : 28th April 2021