



**Leads**  
Learning Center  
FUTURE BEGINS HERE

**Leads Learning Center**  
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# ADMISSION FORM



AFFIX ONE  
RECENT SELF  
ATTESTED  
PASSPORT SIZE  
PHOTOGRAPH

1. Program Enrolled For :
2. Center :
3. Name of the Candidate :
4. Parent's / Guardian's Name :
5. Date of Birth : Day  Month  Year
6. Gender : Male  Female
7. Nationality :
8. Name of the School :   
Affiliated to CBSE/ICSE/STATE
9. Percentage of marks in class VII/VIII/IX/X/XI/XII :
10. Present Mailing Address (in capital letters) :   
  
City  Country   
E-mail address (if any):   
POBOX  Phone:  Mobile:   
Permanent Home Address (in capital letters):   
  
City  District  State  Country   
Pin Code :  Phone :  Mobile :
11. Payment Details: Cash/Cheque/DD  Date

### For Office Use Only

Application Received on  Enrolment No

Admitted on  Programme

Receipt No  Date  Amount paid

Mode of Payment  S. No.

Date of next Fee Installment if any  Center