

GLOBAL EDUCATIONAL &
PROFESSIONAL EXCELLENCE
ACADEMY (GEPEA)
REGISTRATION FORM
Portuguese Language Course

Please attach your
PASSPORT SIZE
COLOUR PHOTOGRAPH

Student's Name: _____ Date of Birth: ___/___/___

Student's NID (National Identity Number) / Passport Number _____

Father's Name / Mother's Name: _____

Address: _____

City _____ State _____ Postal Code _____

Country _____ Mobile/Phone number with Country Code: _____, _____

WhatsApp Number with Country Code _____ Skype _____

Emergency contact cell phone number: _____

E-Mail Address: _____

Your Current Profession _____ Please mention type of Profession or Business.

Your Education Background []: SSC [] HSE [] BA/BSC [] MA/MBA [] Others [] please specify with Tick mark

Do you able to understand teaching / lectures in English Language or Bengali? _____

Does the participant have any learning condition of which the instructor should be aware? If yes: explain: _____

Classes will be
Held (You may
type: Tick mark
within []) -

UK / Lisbon (Portugal Time) 9:30 am [] or 10:00am [] or Evening [] or Weekend []

Alternatively, in some weeks' classes/sessions may be held during weekend:

Saturday and Sunday
(please specify with Tick mark)

*You will be contacted to coordinate times for lessons via WhatsApp or Email address,
40 minutes or 1 hour lessons with one Instructor or it may be customized upon consultation with authority.*

- NOTE: i) There are no refunds will be given for missed lessons, missed exams under any circumstances.
ii) if student is not willing to participate in the language training sessions due to illness or severe issues then Make-up lessons will be offered if the lesson needs to be cancelled.

Acknowledgement:

I hereby declare that the above given data are true and correct to the best of my knowledge and belief and I understand that I subject myself to disciplinary action (cancellation of registration or non-issuance of e-certificate or withheld results etc.) in the event that the above facts are found to be falsified.

Student's Signature _____ Dated _____

The following part for the GEPEA (Office use only):

Admission/Registration Fee Amount EUR/Taka Payment Date:

Cash Money order Bank A/C Transfer PayPal

Checked & Approved by: GEPEA Academy Head/Secretary _____

Student ID/Registration No.:.....

