

The Director of Training,
Montessori Institute of Bangalore
#1592, Sai Nilaya, 35th cross,
Banashankari 2nd Stage
Bangalore - 560061

Dear Madam,

This is to confirm that I have gone through the brochure and thoroughly familiarised myself with the rules and policies of your institution. I have also gone through and understood fully your Refund Policy. I agree to abide by the rules.

Thanking you,

Yours sincerely,

Signature of Student

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Date

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Place

Name of Student:

Address:

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PIN Code

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