



Form No. _____

TULLEEHO BARTENDING ACADEMY

APPLICATION FORM

Name: _____

Permanent Address: _____

Phone: _____ Mobile: _____

Email: _____

Date of birth: _____ Marital Status: _____

Languages known: _____

Education Details:

| Degree/Courses (Highest degree first) | University/College/Board | Year of Passing | Percentage (%) |
|--|--------------------------|-----------------|----------------|
| | | | |
| | | | |

Work Experience:

| Name of the Organisation | Work Type-Full Time/Part Time | Designation | Areas of specialization | Duration |
|--------------------------|-------------------------------|-------------|-------------------------|----------|
| | | | | |
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Course Interested In: a) **Certificate Course in Professional Bartending**
b) **Tulleeho Cocktail Master**

Purpose of Joining Tulleeho Bartending Academy:
