Date: / / 201 ; Time: : AM / PM

Name:							Gender: Male / Female /							
Qualification:									ır coı	mple	ted:			
Contact number:	E-Mail	address: _												
Contact Address:		· · · · · · · · · · · · · · · · · · ·												
Where did you hear about	t Pioneers Choice (P	C)? Friend	/ Poster / Onli	ne / (Othe	r, ple	ease	spe	cify _					
How do you rate your rea	ding skills? (1 being l	lowest and	10, highest)	1	2	3	4	5	6	7	8	9	10	
How do you rate your writ	ing skills? (1 being lo	owest and 1	0, highest)	1	2	3	4	5	6	7	8	9	10	
How do you rate your spe	aking skills? (1 beinç	g lowest an	d 10, highest)	1	2	3	4	5	6	7	8	9	10	
Please provide name and	numbers of friends \	who might b	oe interested ir	ı join	ing s	spoke	en E	nglis	sh Cl	asse	:s: (y	ou g	et a	
refund of Rs 500 for every	/ friend that joins the	classes wh	nen they pay co	ompl	ete d	ours	se fe	es)						
1. Name:	No		_ 2. Name:						_No.					
3. Name:	No		_ 4. Name:						No.					
Have you ever attended s	spoken English class	ses in the pa	ast? Yes / No -		, i	f Yes	s, wh	nen?						
Please circle the Courses	Interested in: Pre-B	asic / Basi	c / Intermedia	te /	Adva	ance	d / lı	nterv	view	Skil	lls /	Busi	ness	
Communication / IELTS	Training / Others, p	olease spec	ify											
Classes Preferred start tir	ne: AM or	PM	How many hοι	ırs fr	ee ti	me d	lo yo	u ha	ve f	or ho	me-	work	?	
<i>Why</i> would you like to lea	rn English? Evnlain													
would you like to lea	III Eligiisii? Expiaiii _												_	
									-,,-				,	
			 										-	
											. ,			