

APPLICATION FORM



THE SCHOOL
OF CULINARY AND
FINISHING ARTS



PHOTO

Please complete this Application form in order to successfully register to the SCAFA Lahore Culinary Institute:

First Name _____ Last Name _____
 Email _____ Phone No. _____
 CNIC No. _____ DOB _____
 Emergency Contact No/Relation _____
 Program Interest Pro Kitchen Pro Pastry Home Pro
 Combination PT Pastry Finishing
 Course Date _____

Are you looking for an intership afterwards: Yes No
 I have signed the student guidelines: Yes No

For Student Admissions Only

Official Joining Date _____ Application Filling Date _____
 Paid Registration Fee: YES NO Payment Plan: Single / Multiple / Other
 All Payments Completed: YES NO City and Guilds Registered: YES NO
 Received all diplomas and certifications: YES NO _____
 Uniform size: _____
 Form Completed by: _____