

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 internship afterwards: Yes No

I have signed the student guidelines: Yes No

Is the person responsible for payment a : Tax Filer Non-Tax Filer

If yes, please share CNIC, of responsible person

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: _____