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REGISTRATION FORM

Reg No:

Date:

Name	
Sex	
Name of Father/Mother/ Guardian	
Present Address	
Permanent Address	
E-Mail ID	
Residence Phone No.	
Mobile No.	
Educational Qualification	
Name of the College/ Institute/University	
Name of the HOD	
Course	Summer Training / Short Term Training/PGDBI/Project/Others

Signature of Candidate

FOR OFFICIAL USE ONLY

Course/Project Details

Title		
Duration	From:	To:
Batch Timing		
Guide		
Evaluation of Title		

Fees Details

- **Registration Fees:**
- **Course Fees:**
- **Total Fees:**

S.No	Date	Amount	Receipt No.	Initial	Balance Amt

Course/Project Details

	Date	Details
No. of Training days		
Date of Title issued		
1st Review		
2nd Review		
Final Review		
Date of Certificate issued		
Final Title		

(Authorized Signatory)