

Registration Form

Paste Photograph
Here

Course Name with Date:-

Name:- _____

Date of Birth:- _____

Father's Name:- _____

Category:-SC/ST/OBC/General:- _____ Sex: M/F _____

Religion:- _____ Are you Physically Handicapped:-Yes/No _____

Aadhaar No.:- _____

Educational Qualification:- _____

Address:- _____

Phone:- _____

E-mail:- _____

Date:- _____

Signature