CONTINUING EDUCATION CELL

APPLICATION FORM

Name of Course:-_____
Period of the Course:-_____.

Name: ……..

Father's/Husband's Name: ……..

Date of Birth: ……...

Sex: (1) Male ☐ (2) Female ☐

Occupation: ……

Qualification: ……...

Address……

……..

……..

Phone (with STD code): Residence: ……

Mobile: …… ……

Course applied for: ……...

Time*: (A) Batch-I (Morning–08:00 AM to 10:00 AM)

(B) Batch-II (Evening–06:00 PM to 08:00 PM)

(Tick whichever is applicable)

Paste a Passport Size Colour Photograph Here

Fee Details: Amount:……..…… DD No.:……..……..……

Date:…… Name of Bank……..

Date: **Signature of the Applicant**
Place :

For Office Use Only

System No.: ……

Time allotted:……..

Fee Details: ……...

Place & Date: Signature of Authority

***Note:** (1) Time/Batch will be allotted as per the convenience of the applicant in general. However candidate may ask to change the batch as per requirement of the office .
(2) The Fee Deposited for any course is non-refundable & non-Transferable.

☎: (0771) 4062385