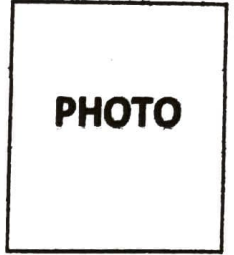




Registration Form
05 Days
Aug 02-Aug 06, 2021
Organized by
Centre of Excellence
Jananayak Chandrashekhar University, Ballia



- 1- Name (In Capital Letters) _____
- 2- Father's Name _____
- 3- Designation _____
- 4- Subject _____
- 5- Date of Birth _____
- 6- Category _____ Sex _____
- 7- Name of Institution/ Organization /College _____

- 8- Joining Date _____
- 9- Mobile Number _____
- 10- Aadhar Number _____
- 11- E-mail _____

Declaration: I hereby declare that all the information furnished in this registration form is correct, complete and true to the best of my knowledge and belief.

Forwarding Authority of the Institution

Signature of the Applicant

Co-Ordinator/Registrar

Place:
Date: