



Registration Form
07 Days Workshop
Sep. 25-Oct. 01, 2021
Organized by
Centre of Excellence
Jananayak Chandrashekhar University, Ballia

PHOTO

- 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: