



COURSE REGISTRATION FORM

Applicant
Picture

Full Name: _____
Date of Birth: _____ Age: _____ Gender: _____
Blood Group: _____ Religion: _____
Mobile Number: _____ Whatsapp Number: _____
Email: _____

Permanent Address-

Country: _____ State: _____ City/District: _____
Area: _____
Pin Code: _____

Correspondence Address: _____

Course Name: _____
Course Mode: (Correspondence / Regular) _____
Course Type: (Online / Workshop / At Center) _____
Preferred Exam Mode: (MCQ / Question & Answer) _____

Educational Qualification: _____
Additional Qualification: _____
Profession / Occupation: _____
Experience: _____

Website / Social Media Channels: _____
Referred By: _____
Medium: (English / Hindi / Other) _____

Aadhar Number: _____
Remarks: _____

- Applicant Photo Attached along with form
- Applicant Document Attached with form
- Applicant Payment Slip Attached with form
- I hereby declare that above information is true to the best of my knowledge and I wish to receive future Promotional Messages

Applicant Signature: _____