

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT),
CHANGA – 388 421

EQUAL OPPORTUNITY CELL (EOC)

Application Form for _____ (STTP/Workshop/Seminar,
etc.)

Last date of submission of the form: _____

Name (IN CAPITAL LETTERS): _____

ID No.: _____

Sex (Male/Female) : _____ Department : _____

Caste: _____ Institute: _____

Religion: _____ Semester: _____

Category (SC/ ST/ OBC/ PwD/ General): _____

Nature of Disability with % : _____

Address
: _____

City : _____ Pin code: _____ State: _____

Contact No. _____ Email ID : _____

I declare that all the above information, to the best of my knowledge, is true and correct.

Sign of student:

Sign of Head of Department/Institute:

Date:

****There is no registration fee for the event.**

For more information, Contact: _____ email: _____ (department coordinator)