



REGISTRATION FORM

Date:

1. Name of the Candidate:

2. Date of Birth:

- 3. Gender:
- 4. Father's Name:
- 5. Organization Name/College Name:
- 6. Designation/Stream:
- 7. Permanent Address:
- 8. Mobile No:
- 9. Mail Id:
- 10. Adhar Card No:
- 11. Pan Card No:

Course Selected:

Payment Transaction No & Date of Payment:

* Kindly attach the copy of the payment/transaction receipt

CANDIDATE SIGNATURE

OFFICIAL USE:

Student Registration No:

AUTHORISED SIGNATURE

Corporate Office: Sunil Vila, 39B, Ibrahimpur Road, Jadavpur, Kolkata - 700 032
Phone:9717088074/8902550652
E-mail: support@ganapatiproducts.com/ganapatiproducts@gmail.com
Website:www.ganapatiproducts.com

Attach your recent photograph

^{*} Kindly attach self attested copy of Adhar Card & Pan Card