



Registration Form

Note : This Form is to be filled in the applicant's own hand writing in Block Letters

Photograph duly signed by candidate and attested by the Co-Ordinator of Franchisee

Enrollment Number (For Office use only)

Franchisee Code

Full Name of the Applicant :

Father's Name :

Mother's Name :

Present Address :

Pin Code :

Permanent Address :

Pin Code :

Date of Birth :

Mobile No

Course Name :

Alternative Mobile No

E-mail _____

Gender :

Male

Female

I, _____ Son / Daughter / Wife of

Resident of _____

here by solemnly affirm declare that I am doing _____ course from _____

University and known very well that this is a recognized University according to my required field. I have gone through the website / prospectus and I am aware about the rules, regulations and educational programs offered by the said university. I declare, that all the documents enclosed related to my qualification regarding the admission are genuine and authentic. If the documents / certificates submitted by me at any state are found incorrect / fake then i shall be solely responsible for its consequences.

Date.....

Place.....

Candidate Signature

NIST Registration Fee : University Registration Fee :

Course Fee : Exam Fee :

Lateral Entry Fee : Late Fine : Prospectus / Form Fee :

Remarks 1.....2.....3.....4.....

5.....6.....7.....8.....

9.....10.....11.....12.....

Authorized Signature

Candidate Signature

