

# REGISTRATION FORM

## SECTION A- PERSONAL DATA

REGISTRATION NO-----

SURNAME\_\_\_\_\_

OTHER NAME(S)\_\_\_\_\_

SEX\_\_\_\_\_

CONTACT ADDRESS\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_ STATE OF ORIGIN\_\_\_\_\_

TELEPHONE NO(S)\_\_\_\_\_ E-MAIL\_\_\_\_\_

OCCUPATION\_\_\_\_\_

PROGRAMME\_\_\_\_\_

DURATION\_\_\_\_\_

## SECTION B - EDUCATIONAL BACKGROUND

QUALIFICATIONS WITH DATES	INSTITUTION(S) ATTENDED

## SECTION C -DECLARATION

I, Mr./Mrs., / Miss \_\_\_\_\_

Agree to abide by all the rules and regulations of the institute.

Signature\_\_\_\_\_ DATE\_\_\_\_\_

## SECTION D-OFFICIAL USE ONLY

Total Amount to be paid\_\_\_\_\_

Amount paid\_\_\_\_\_

Balance\_\_\_\_\_