

REGISTRATION FORM

No.:



SUN, 1st OCT 2023
(10 am to 5 pm)

Office Premises, Putalisadak

Name: _____

Email: _____ Mobile: _____

Last Qualification: _____ GPA / %: _____

IELTS / PTE _____ Score: _____

Interested Course: _____

Institutions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Counselling Table No. 1 | <input type="checkbox"/> Counselling Table No. 6 | <input type="checkbox"/> Counselling Table No. 11 |
| <input type="checkbox"/> Counselling Table No. 2 | <input type="checkbox"/> Counselling Table No. 7 | <input type="checkbox"/> Counselling Table No. 12 |
| <input type="checkbox"/> Counselling Table No. 3 | <input type="checkbox"/> Counselling Table No. 8 | <input type="checkbox"/> Counselling Table No. 13 |
| <input type="checkbox"/> Counselling Table No. 4 | <input type="checkbox"/> Counselling Table No. 9 | <input type="checkbox"/> Counselling Table No. 14 |
| <input type="checkbox"/> Counselling Table No. 5 | <input type="checkbox"/> Counselling Table No. 10 | <input type="checkbox"/> Counselling Table No. 15 |

Only for Official use

Remarks 1 :

Remarks 2 :

Remarks 3 :