



AVABODHA



Affiliated to

Indian Council for Professional Education Mission (ICPEM)

Registered under NITI- AAYOG, Government of India &

United Nations Organization, Geneva

Registration Form

"We don't meet people by accident. Everyone is meant to cross our path for a reason"

Name: _____

D.O.B: _____

Gender: _____

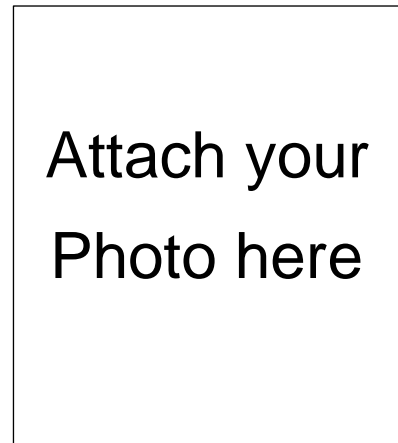
Nationality: _____

Address: _____

State: _____ Pin Code: _____

Email id: _____

Designation: _____



Qualifications:

Examination	Board/University	Year of Passing	% of Marks
a) Graduation			
b) Post Graduation			
c) Any other (specify)			

Course Opted: _____

I, _____, hereby declare that I have provided the above information to the best of my knowledge and any information found incorrect or misleading would lead to my application/admission being cancelled at any time. I am aware that under no circumstances I am entitled to claim refund of fee once payment is completed by me. I am wilfully taking admission in the Institute's certificate programme.

Place:

Date:

(Signature)

(For office Use Only)

Fee Paid Via: _____

Cheque No. _____ / Draft No. _____ /

NEFT Ref. No. _____ / Paytm No. _____

Dated: _____ Amount (in Rs.): _____

Date:

Signing Authority