

PLACEMENT REGISTRATION FORM

Application No:

Name:

Father's Name:

Course:

Branch :

Date of Birth:

Permanent address: -----

Phone No:

Email:

Educational Qualification:

Exam passed	Name of the board/ university	Name of the institution	Year of passing	Marks /CGPA
MBA				
DEGREE				
INTER				
10 th				

Other Qualification: _____

Project : _____

Areas of professional interest : _____

I do hereby declare that the information furnished above are true to the best of my knowledge and belief.

Signature of Applicant.