

**REGISTRATION FORM**Self Attested  
Photo

Name of Candidate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Number \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Course	Institute	Board	Passing Year	Enrolment No/ Roll No	Percentage

Candidate Signature

**(For Office Use Only)**

Registration No: \_\_\_\_\_ Registration Date: \_\_\_\_\_ Centre No: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Session: \_\_\_\_\_

Course Fee: \_\_\_\_\_ Payment status: \_\_\_\_\_

Name of current institute : \_\_\_\_\_

Authorized Signature

For: Vartica Engineering &amp; Management India Pvt.Ltd

