ELECTRONIC SYSTEM DESIGN & MANUFACTURING (ESDM)

STUDENT REGISTRATION FORM

T. P. Name ..... T. P. ID .....

Self Attested Photograph

Name	
Father's Name	
Mother's Name	
Aadhaar Number	
Gender	Male ☐ Female ☐ Other ☐
Date of Birth	DD___/M__ __/YY__ __ __ __
Permanent Address	
Correspondence Address	
Category	SC ☐ ST ☐ EWS ☐ General ☐
Annual Family Income	
Mobile Number	
E-Mail	

COURSE DETAILS

Course Name			
Course Code		COURSE LEVEL	L1-L2 ☐ L3 ☐ L4 ☐ L5 ☐
Educational Qualification	…… ……	Highest Qualification	…… ……
Experience in years (if any)			

Declaration

I certify that the above information is true to the best of my knowledge

Student Signature

Date :___/___/_____

Encl: Self Attested Copies of Qualification Certificates,Category Certificate & Income Certificate