

## Institute Registration Form

1.Name of Institute \_\_\_\_\_

2.Address \_\_\_\_\_

\_\_\_\_\_

3.City \_\_\_\_\_ 4.Pin \_\_\_\_\_ 5.FAX \_\_\_\_\_ 6.Phone \_\_\_\_\_

7.Email \_\_\_\_\_ 8.Website \_\_\_\_\_

9.Department and Seats

a. \_\_\_\_\_ ( ) b. \_\_\_\_\_ ( )

c. \_\_\_\_\_ ( ) d. \_\_\_\_\_ ( )

e. \_\_\_\_\_ ( ) f. \_\_\_\_\_ ( )

g. \_\_\_\_\_ ( ) h. \_\_\_\_\_ ( )

10.Mode of Payment (Draft/ Cheque) \_\_\_\_\_ Draft/ Cheque No. \_\_\_\_\_

Bank \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_ (Cheque/Draft  
should be in favour of SHIKSHAARTHI.COM A/C no. 4422002100013164 payable at DEHRADUN)

11.Expected date of contest \_\_\_\_\_

12.Principal's/Dean's/Director's Detail:

1. Name \_\_\_\_\_ 2. Mobile \_\_\_\_\_

3. Email \_\_\_\_\_ 4. Phone (O) \_\_\_\_\_ 5. Phone (R) \_\_\_\_\_

### Declaration

I hereby declare that all the above details given are correct and true as per my knowledge and belief.

Date:

Authority Signature with Institute Seal:

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### **For Office use only**

1. College Registration No:

4. Total Candidates Phase 2:

2. Receipt Number:

5. Total Candidates Phase 3:

3. Total Candidates Phase 1: