

**SCHOOL OF EDUCATION TECHNOLOGY
JADAVPUR UNIVERSITY**



**REGISTRATION FORM
Six Months Certificate Course**

Name of the Course

Commencing from

Name (Block Letters)

Date of Birth/Age

Address

Mobile No

Email Id

Qualification	Discipline and Institute	Year of Passing	Score (%)

Payment Details

D.D./ P.O. No

Amount

Bank/Branch

Date

Date

Signature of Applicant