

**DEVESTHALI INSTITUTE OF TRAINING AND RESEARCH,  
SRINAGAR, GARHWAL, UTTARAKHAND**

Running Under Registered Society “SEMAWS” with Registration No.  
UK0600332022008046.

**Registration Form**

Course	Subject	University

Affix your  
passport size  
photograph

All Columns are mandatory & Fill in Block Letters:

1. Name of Candidate:.....
2. Father’s Name:.....
3. Mother’s Name:.....
4. Date of Birth:.....5.Gender: .....Blood Group
5. Postal Address :.....  
.....  
.....
6. Present Status.....
7. Contact Info: ..... 8. Gurdian/ Mother/Father.....

**Email:.....**

**Academic Qualifications:**

Sl.No.	Exam Passed	Board/University	Year	Division

**Previous Training/Experience Details:**

S.No.	Organization	Year	Designation	Topic/Subject	Duration

**Declaration by the candidate**

I declare that I have carefully read and understood the details of the above programme and that I have given the true and correct information while filling up the form. It may be open for the institute to take the action in case of any information given by me is found incorrect.

Date :

Place:

(Candidate Signature)