SPIC-Microsoft
Centre of Excellence
Punjab Engineering College
Sector 12, Chandigarh-160012

Registration Form

Date _____

Fill the form in Capital Letters
Write Name as per Certificate

Name: _____

Father's/Husband's Name: _____

E-Mail Id: _____

Residential Address: _____

Phone No. _____

Mobile No. _____

Employed/Studying _____ Organisation Name _____

Qualification: _____ College Name: _____

IT Background _____ Course Enrolled _____

I, hereby, declare that the above information is complete and correct in all respects and up to the best of my knowledge and belief. Any wrong declaration made above may lead to invalidation of my certificate thereof.

Signature

.....

For Office Use Only:

_____ Batch Id

_____ Total Fee (Rs.)

Batch Timings: _____ Batch Date: _____

Course Name: _____ Project Training: _____

Duration: _____ Duration: _____

Installment Plan:

Registration Amount: _____ Receipt No. & Date: _____

1st Inst: _____ vide Rec. No. _____ Dt. _____ Sign. _____
2nd Inst: _____ vide Rec. No. _____ Dt. _____ Sign. _____
3rd Inst: _____ vide Rec. No. _____ Dt. _____ Sign. _____
4th Inst: _____ vide Rec. No. _____ Dt. _____ Sign. _____

Total Amount Paid: