## **REGISTRATION FORM**

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	Name:
	Designation:
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	Address for Correspondence:
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	Phone/Mobile:
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DECLARATIO	Co-continuous and syllabus of various M. Teds. Programmes
	formation are true to the best of my knowledge. I agree to abide by the rules and regulation
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Place:	professioning primared that to sattliking as off politicism. This receives excessive
Date:	Signature of the Applicant
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10 (10 m) (10 m)	Mr. M. Arkeli Krasse   This normalism and provide your valuable suggestions. I
	/ is faculty/student of our institute and
iereby pem	nitted to attend the workshop for the entire duration, if selected.
Place:	Documents and Manufer President York extremely
Date:	Signature of the
421/	Head of the Instituition