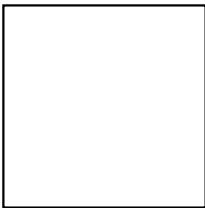Application NO:

Registration Form

leviticatechnologies

First Name: [   ]   Last Name: [   ]

Primary Conatct: [   ]   Secondary: [   ]

Email: [   ]

Parmanenet Address

[   ]

Current Address

[   ]

Education Detail:

☐ B.Tech ☐ Degree ☐ MBA [   ] (others)

Passing Year [   ]   % [   ]

Name of Course ------------------------------

Date:

(signature)