

BHASKARACHARYA PRATISHTHANA

Student Visitor's Form

To,
The Custodian,
Bhaskaracharya Pratishthana,
56/14, Erandavane, Damle Path,
Pune – 411 004.

I, the undersigned, request you to admit me to the Bhaskaracharya Pratishthana for the Workshop / Exam etc.

Name of Workshop / Exam :

Duration of Workshop / Exam. : From _____ to _____

Particulars :

A) Name and Address of Institute / College : _____

B) Name of Student : _____

Permanent Address : _____

Phone (Residential) : _____ Mobile No. _____

Email ID : _____

Duration of Visit : From _____ to _____

Purpose of Visit : _____

Recommendation of Teacher / Trustee From
Bhaskaracharya Pratishthana : _____

Facility Required :

- 1) Library : Yes / No
- 2) Computer : Yes / No
- 3) Guest House : Yes / No

Date :

Signature of Director

Signature of Visitor

Encl :

- 1) Certified xerox copy of Identity-card (College/Institute)
- 2) Xerox copy of permanent address proof.
- 3) Recommended Email-copy for accomodation from respective Teacher.

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