1. Email ID *

Graphic Era: Student/Faculty Referral Program 2023

The survey will take approximately 7 minutes to complete.

	an	nansharma 95288@gmail.com
2.	Des	ignation (please select appropriate option)
		Faculty
		Staff
		Student
		Alumni
		Other
3.	The	University/campus of the Referral *
		Graphic Era Deemed to be University, Dehradun
		Graphic Era Hill University, Dehradun
		Graphic Era Hill University, Bhimtal

Graphic Era	a Hill University,	Haldwani

4. Faculty/Staff/Student Name *

Aman sharma

5. Employment/Enrollment Number *

2161073

6. Your Contact Number *

9528803293

7. Referred Student Name *

Tanushree jeena

8. Referred Student Email ID *

tanushreejeena709@gmail.com

9. Referred Student's Father Name *

late Mr kishan singh jeena

10. Referred Student's Parent's Contact Number *		
8938839633		
11. Referred Student's Address *		
gair vaishali bithoria no 1		
12 Deferred Student's School name *		
12. Referred Student's School name *		
Saraswati Academy		
13. Course referred *		
BBA		
14. University Referred for admission *		
Graphic Era Deemed to be University, Dehradun		
Graphic Era Hill University, Dehradun		
Graphic Era Hill University, Bhimtal		
Graphic Era Hill University, Haldwani		

15. Your Relation with Student *

Friend

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Powered by Microsoft Forms |

The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive information.

| Terms of use