

Registration Form

Personal info

Student Name: Sumit Gaware	
Mobile number: 9822944996	DOB: 09/08/1994
Email ID: sumitgawarepatil@outlook.com	Gender: Male
Qualification: BCA	Experience: 1yr 0month

Course Details: COMPLETE .NET

Course number:	Training Program:
Batch Timing:	Batch Started From:
Fees Payment Mode:	Total Fees:

Fees Structure:

Particulars	Amount	Date
Registration Fees		
1st Installment		
2nd Installment		
3rd Installment		
Total Fees:		

Student CheckList

Sr. No.	Particulars	CheckList	Status	Sign
1	Support Material	Setup Recieved		
		Soft Copy of Study Material		
		Hard Copy of Study Material		
2	Placement Assistance	Resume Prepared		
		Job Portal reviewed updated		
		Interview Session Attended		
		Interview Test Conducted		
		Interview Mockup Conducted		
3	Assignment And Test	Assignment 1		
		Assignment 2		
		Final Test		
4	Feedback	Feedback Form		
		Upgradation		

Student Signature

Cordinator Signature