FORM SL NO: DATE:

RGET

EXAMINATION FORM

Full Name of the Applicant: …….....

Father's Name : ……..

Date of Birth of the Applicant……..

Course Code: ……..

Centre Name: ……

Course Name: ……

Centre Code: ……

Enrollment No: ……

Registration Number: ……

Session of the Examination: ……

Duration of the Course: ……

Payment Mode: ☐ **One Time**

☐ **Monthly**

SEMESTER:_____

Signature & L.T.I. of the Applicant

For Office Use Only

Serial Number: …….

Date of Examination: ……

Time of Examination: …….

Roll Number: ……...

Signature of H.O.I: …….