

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:

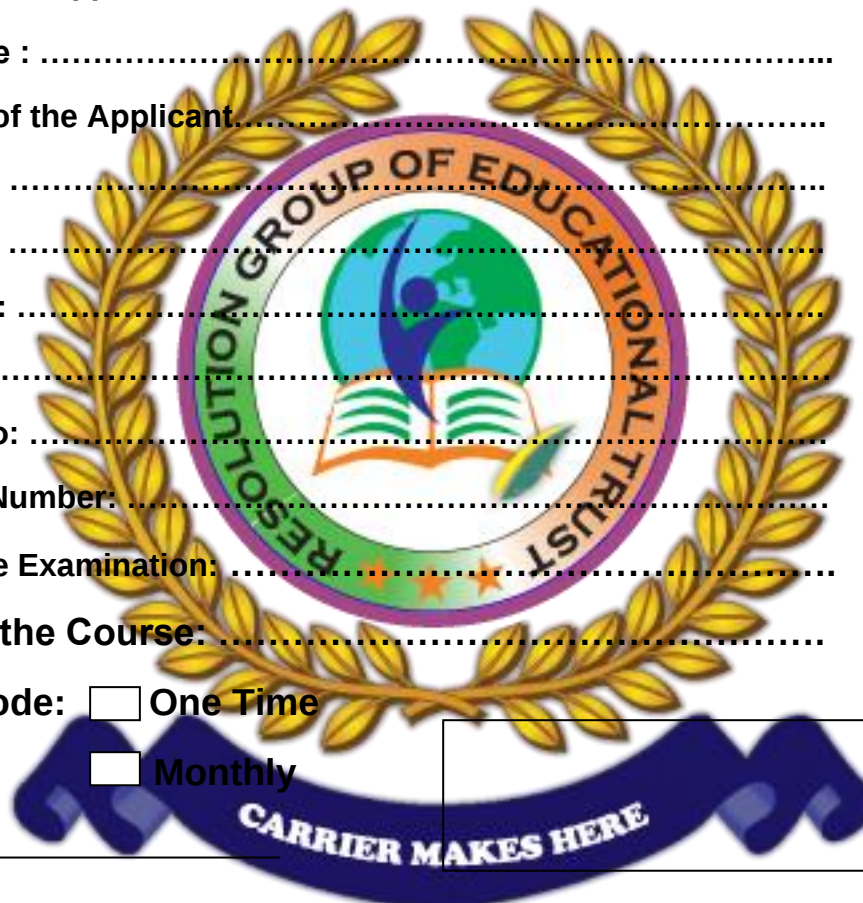
Session of the Examination:

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: