

**Five (5) Days Entrepreneurship Development Program on
"Solar PV Rooftop"**



Photo

REGISTRATION FORM

1. **Name of the Candidate** : _____
2. **Designation/Occupation** : _____
3. **Date of Birth** : _____

4. Qualification Detail:

Academic:*	SSLC board: Degree University: Medium of study:
Professional:	

5. **Working Organization/Institute:** _____
6. **Experience (if any)** : _____
7. **Aadhar No.*** : _____

8. For Communication :

Address:	Permanent:
	Present:

email-id	Telephone/Mobile
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Place:

Applicant Signature:

Date:

Applicant Name:

* Mandatory