

Bharat Sanchar Nigam Limited, Regional Telecom Training Centre (ISO 9001:2008 Certified Institution), Gachibowli, Hyderabad -500 032

Registration Form

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Course Applied:			m-Basic	Advanc	eed A	Advanced with Specialization						CSE Basic Inplant					
Application For the Batch Commencing From (DDMMYYYY)														7			
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1.	Name of Candidate: Mr M	1s															
	(Same as to be printed on certificate)																
2.	Date of Birth: (DDMMYYYY																
3	Father's Name:																
4.	Permanent Address:									•		P	assi	oor	t siz	ze	
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5.	Present Address for Correspondent	ondence) : _														
6	Contact Phone & Mobile 1	No I							T								1
0.	Note: If the Mobile Number is of AP th		in first Bo	ox. For oth	er State	number	└── s write	0"	in firs	 st				Ш			
7.	Parents / Guardians Phone No.																
8.	E-Mail for contact: -	_						@									
9.	Name of College:				T				T								
	Please write college name oxes with capital letters)													<u> </u>	<u></u>		
10.	Address of College ———	_															
11.	Qualification: BE B.Tech	Year	II I			ECE)ther					
12.	(Please put √ mark on the required field) Consolidated Percentage of Marks as on date: (Please put √ mark on the required field) %																
13.	Hostel facility Required: (Please put	$\sqrt{\text{mark o}}$	n the requ	ired fiel	d)		Ye	es	No)						
14.	Documents Enclosed:	College	ID Card		Colleg If Permit	e Perr	nissio	on l	Lette	er [& A			Proc	of
	I					c	ertify	v th	at th	ne ir	ıforn	nati	on f	ùrn	ishe	d	
	above is true and I will obey th	ne Rules	and Re	gulation	ns of t	he BS	SNL I	RT1	ΓC,	Нус	derab	oad.			-5	-	
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	Date				Dat												
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