



BIET

Learning Systems Pvt. Ltd.

STUDENT REGISTRATION FORM

Center Name: _____

Course: _____

Course Fee: _____

Reg. No.: _____

Name _____

Passport
Size
Photoof
Student

Fathers Name _____

Date of Birth _____

Sex

Male / Female

Caste and Religion _____

SC

ST

BC

OC

Phone No _____

Office No _____

Mobile NO _____

Postal Address _____

Permanent Address _____

Educational Qualification _____

I hereby declare that the above information is true a correct with best of myknowledge and belief to rules and regulations of the institute.

Place: _____

Date: _____

Program Director (BIET)

Signature of the Candidate

Office Numbers: 040-35070614, 7981987898

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