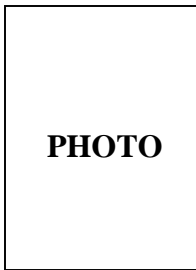


Bignet Computer Education

L.F.C. Road, Kaloor, Kochi – 17, Kerala

Ph : 0484 – 3274903

www. Bignet.in E-Mail : bttkochi@gmail.com



REGISTRATION FORM

(To be filled by the applicant in **BLOCK** letters)

Course Opted :

Centre Place :

Personal Details

Name :

Guardian's Name :Relation.....

Age & Date of Birth :Sex :

Religion & Caste :Whether SC/ST

Permanent Address :

.....

.....

Present Address :

.....

.....

District : Pin :

Phone No : E-mail :

Qualification :

Declaration

Ifully aware the terms and conditions of **Bignet Technologies and its study centre** and I am enrolling my self at my own will after understanding the rules & regulation laid by the Bignet before becoming student and I agree to obey all rules of Bignet. I agree that if I violate the rules, my admission is liable for cancellation

Place :

Date :

Signature of the Applicant

FEES DETAILS

Challan/D.D. No..... Amount: Date :

Name of Bank : Place :