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| |
| BSNL |
| Connecting India |

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

Registration Form



Name of the Project:

| | Application For the Batch Commencing From (DDMMYYYY) | | |
|--|--|---|--|
| 1. | Name of Candidate: Mr Ms Mrs | | |
| | (Same as to be printed on certificate) | | |
| 2. | Date of Birth: (DDMMYYYY) |] | |
| | Father's Name: | | |
| 4. | Permanent Address: Passport size Photo Photo | | |
| 5. | Present Address for Correspondence: | | |
| 6. | Contact Phone & Mobile No. | | |
| 7. | Note: If the Mobile Number is of AP then write "-" in first Box, For other State numbers write "0" in first Parents / Guardians Phone No. | | |
| 8. | E-Mail for contact: - | | |
| | Name of College: | 7 | |
| (| Please write college name by set with capital letters) | | |
| 10. | Address of College | | |
| 11. | Qualification: BE B.Tech M.Tech MCA Other ECE CSE IT ETM EIE EE | E | |
| | (Please put $\sqrt{\text{mark on the required field}}$ | | |
| | Consolidated Percentage of Marks as on date: % | | |
| 13. | | | |
| I, certify that the information furnished above is true and I will obey the Rules and Regulations of the BSNL RTTC, Hyderabad. | | | |
| | Signature of Candidate | | |
| For Official Use (To be Filled by RTTC Staff) | | | |
| <u>Reg N</u> | o. Registration Fee Invoice No. Date Invoice No. Date Date Eee Registration Fee Fee Receipt No. Date Eee Date Tee Eee Receipt No. Date Eee Tee Tee Eee Tee Tee Eee | | |
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Signature of the Official