

# DOEACC CENTRE, AURANGABAD

(An Autonomous Body of Dept. of Information Technology, Ministry of Communications & Information Technology, Govt. of India)

University Campus, Aurangabad – 431 004 (M.S.)

Phone: 0240 - 2400120, 2400121 Fax: 0240 – 2400051 email- stc@doeaccaurangabad.org.in

## SHORT TERM COURSE REGISTRATION FORM

Name of Course : \_\_\_\_\_  
Duration : \_\_\_\_\_  
Participant Name : \_\_\_\_\_  
Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_

Phone No. : \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

Educational Background : \_\_\_\_\_

Experience, if Any : \_\_\_\_\_

Payment Details : By Cash / Demand Draft

Demand Draft No. \_\_\_\_\_ Name of Bank \_\_\_\_\_ Amount \_\_\_\_\_

Receipt No. \_\_\_\_\_ Date of Receipt \_\_\_\_\_

Hostel Facility : Required / Not Required

(On separate charges as applicable and on availability)

From where you come to know about this course?

(Please Put (✓) Tick Mark Wherever Applicable)

- Website of DOEACC Centre, Aurangabad
- Newspaper Advertisement (With Name of Newspaper)
- In Person Enquiry at DOEACC Centre, Aurangabad
- From Friends or Relatives
- Any Others, Please Specify \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Participants Signature \_\_\_\_\_

### For Office Use Only

Registration No. : \_\_\_\_\_ Student ID : \_\_\_\_\_

Name of Course : \_\_\_\_\_ Course Code : \_\_\_\_\_ Duration \_\_\_\_\_

Payment Details : By Cash / Demand Draft

Demand Draft No.: \_\_\_\_\_ Name of Bank : \_\_\_\_\_ Amount \_\_\_\_\_

Receipt No. : \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Confirmation On : \_\_\_\_\_

Signature of STC Counselor

Signature of STC Coordinator