**REGISTRATION FORM**

**Earn While You Learn Scheme**

Applied For: ICT Library Assistant Laboratory Assistant Office Assistant Others

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Department and Course:

Year/Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrolment No;

Email ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:

Father’s Name:

Percentage and Year (Last Declared Result):

Category:

Gender:

Income Certificate of Parent Yes/No \_\_\_\_\_\_\_\_\_\_ ( Specify Income) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aadhar No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College ID No.

Bank Name:

Branch:

Bank Account Number:

IFSC:

**Declaration:**

I declare that I am not receiving any other scholarships/fellowships/stipend/remunerations at present and I agree to immediately withdraw from this scheme in case any such financial support is obtained by me. I confirm that I have obtained necessary permission from my supervisor/program coordinator to lend my services under this scheme. I agree to accept the duties assigned to me under this scheme and will work with full integrity, sincerity and care. I shall maintain attendance as required by the host and will report to the Head of the Host Department where my duties will be assigned. I declare that the above information is true to my knowledge and I shall be subjected to disciplinary actions and will refund the entire amount received by me in case any of the information given by me in this form is found false.

Full Signature of the Candidate