

## **G** Institutions

U.E. II-Pratappura Road, Shahpur Jalandhar - 144020

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## **CTAA Registration Form**

	CTAA Registration No:		
Section A: Identify Yourself		(For office use only	
Student Name*:	Campus*:		
Father's Name*:	Degree*:	Paste your recent passport size	
Roll Number*:			
Institution*:	Year of Passing*:		
Section B: Contact Details			
Residential	Correspondence (Leave blank	Correspondence (Leave blank if same as residential)	
Address*:	Address*:	Address*:	
City*: State*:	City*:	City*: State*:	
Country*: PIN Code*:	Country*:	PIN Code*:	
Landline No	Landline No	Landline No	
Mobile*:	Mobile*:	Mobile*:	
Email Id*:	Email Id*:		
Section C: Employment Details			
Please fill in the appropriate of	column on the basis of your current stat	tus	
If "Entrepreneur",	If "Job",	If "Job",	
Name/Type of Establishment:	Name of Employer:	Name of Employer:	
Current Role/Position:	Current Designation:	Current Designation:	
	Current Location:	Current Location:	
If "Higher Studies",	If "Others",	If "Others",	
Name of University/Institution:	Please Specify:	Please Specify:	
Name of Degree:			
Current Location:			
Any academic/professional achievement(s) you would	l like to mention:		

(Student's Signature)

(HOD) (CTAA Convener)