CENTRAL DIGITAL LANGUAGE LAB GENERAL ZORAWAR SINGH AUDITORIUM UNIVERSITY OF JAMMU

Registration Form

| *, | | | | | |
|------------------------|---------|--------|-------|----|---------------|
| Name | : | | | | Paste |
| | | | | | Self Attested |
| Qualification | · | | | | Recent Phot |
| Department/Institution | : | | | | |
| | | | | | |
| Mobile No | : | | | | |
| Email-id | : | | | | |
| | | FEE DE | TAILS | | |
| | | | | DD | |
| Mode of Payment: Deman | d Draft | | | | |
| DD No.: | | | | | |
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Note: All candidates are advised to write on the backside of DD enclosed their Name, Mobile No and Department name before submitting DD along with the form.

Rs 700/-

[Signature of Candidate]

Date:

Amount:

Bank Name: