

Signature

SCHOOL OF EDUCATORS TRAINING DIVISION

Learn I Unlearn I Relearn

Date

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FOR OFFICE USE ONLY Roll No. :				
Receipt No. :				Attach Photo Here
Date of Receipt :				
Name :				
Postal Address :				
(For dispatch of study materials)				
elephone : Mobile No :		_ Email ID :		
Date of Birth :		. Nationality :		
Highest Qualifications :			Work Experience (years)	
Name of your current school / institution :				
Mode of Payment : Credit Card	Debit Card	Net Banking	Wir	e Transfer (TT)
Western Union Moneygram	PayPal	Draft	Draft N	o.:
Cash Bank Deposit Name of Bank :				
Documents Attached Life Sketch / CV Photoco		Photocopies of	ies of Certificates	
Name of the Program :				
Diploma in CCE - Postal Online				
Diploma in School Leadership - Postal Online				
Diploma in Multiple Intelligence and Blooms Taxanomy - Postal Online				
How did you hear about this course ?				
Reason for applying to this course :				
 I hereby solemnly and sincerely affirm that: The Particulars given above by me are true. The study material will be sent to me in this correspondence course will be for my personal use only and that I will not duplicate or copy them in any form nor use for any commercial purpose. I shall abide by the evaluation and decisions of my assessors and examiners. 				

Place