

CENTRAL UNIVERSITY OF HARYANA

REGISTRATION FORM FOR UNIVERSITY STUDENTS TO JOIN CENTRE FOR INNOVATION SKILL & ENTREPRENEURSHIP, DEVELOPMENT (CISED) ACADEMIC SESSION 2019-20

Passport
Size
Photograph

1. Name of the Student :.....
2. Date of Birth:.....
3. Fathers Name :.....
4. Gender (Male/Female):.....
5. Name of Course & Semester :.....
6. Department:.....
7. Roll No. :.....
8. Phone No.....WhatsApp No.....
9. E-mail id :.....
10. Permanent Address.....
.....
11. Worked/Working Time in Innovation Centre: Hours.....To Hours.....
12. Attach ID Proof along with form
13. Previous innovation experiences, please give details attach separate sheet (if any).

I hereby declare that the information provided by me is true to the best of knowledge and I also take pledge that I will follow all the rules and regulations of innovation Centre and university for smooth working of innovation Centre and I will not leak out the innovation concept without the prior permission of authorities.

I know that any unbearable mistake will lead to cancellation of our membership of innovation Centre

Date:

Student Signatures