



Swami Paramhansa

Swastha Siksha Avam Paryavaran Sanrakshana Samsthana
(under section 44 of MPR act. 1973. 05/26/01/0887/10.Govt. of India)



REGISTRATION FORM

1. Name: _____

2. Age: _____ Sex: _____

3. Mailing Address : _____

Fax: _____ Tel No.: _____

Email: _____

4. Qualifications: _____

5. Present Position: _____

6. Any research experience in Academics?: _____

7. Areas of interest: _____

Note:

Please send the duly filled registration form along with your bio-data and available Xerox copies of your certificates of graduation/post graduation