



# Mahamana Malaviya Ganga Research Center

Banaras Hindu University, Varanasi-221005

## **GANGA MITRA TRAINING PROGRAMME**

### REGISTRATION FORM

Recent passport  
size photograph

1. Applicant's Name : .....
2. Father's/Spouse Name : .....
3. Present Address : .....  
City:..... PIN:.....
4. Contact Details Mobile:..... E-mail:.....
5. Date of Birth : ..... Aadhar No.:.....
6. Gender (Male/Female) : ..... Marital Status(Single/Married): .....
7. Qualification : .....
8. Nationality : ..... Category (ST/ST/OBC/Gen): .....

#### **DECLARATION :**

- I hereby declare that the above information is, to the best of my knowledge, complete, accurate and true. In case any of the above information is found to be false or untrue or misleading or misrepresenting, then remove me from 'Ganga Mitra Training Program'.
- Photo copies of the relevant documents are enclosed.
- I accept all the terms and conditions of the '**Ganga Mitra Training Programme**'.

Date: .....

Place: ..... Applicant's Signature

#### **OFFICE USE**

Name:..... Registration No. : GM.....

Date : ..... Authorized Signature: .....