

COUNCIL FOR THE INDIAN SCHOOL CERTIFICATE EXAMINATIONS

REGISTRATION FORM FOR TRAINING PROGRAMMES

TO BE FILLED IN BY THE PARTICIPANT

NAME OF THE TRAINING PROGRAMME: _____

TO BE HELD ON (DATES): _____

NAME OF THE PARTICIPANT _____

NAME OF THE SCHOOL _____

MOBILE NO. _____ E-MAIL ID _____

CLASSES TAUGHT _____ SUBJECTS TAUGHT _____

Your suggestions regarding the topics to be covered in the Training Programme to be attended:

2. _____

2. _____

3. _____

4. _____

SIGNATURE OF THE PARTICIPANT -----

TO BE FILLED IN BY THE HEAD OF THE SCHOOL

School Code:	
Name of the School:	
Address:	
Online payment Receipt No.*	
Date	

SIGNATURE OF THE PRINCIPAL -----

***NOTE:** (Please attach copy of the on-line payment receipt with this form)