



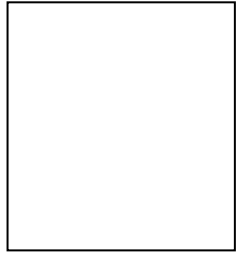
REHAM RAHI ACADEMY

(A Unit of Reham Rahi Foundation)

MCA Govt. of India An ISO 9001:2015, CVC & Certified Institution

Sarai, Bhagalpur-812002

Registration Form



Form No.

Group

Course Name

Name of Candidate

Father's Name

Mother's Name

Present Address

Permanent Address

Date of Birth Gender: Male Female

Contact No. E-mail:

Category: General OBC SC ST PWD Other (Please Specify) _____

I _____ S/D/O _____ hereby

declare that all the particulars stated in the application, are true to the best of my knowledge and belief. I agree to abide by the rules and regulations of Reham Rahi Academy, Bhagalpur and also to the decision of the Reham Rahi Academy Authority, regarding my appearing to Courses Training. I have noted that my candidature canbe cancelled in addition to any other action as may be deemed fit in the event of any of the statements made here, being found incorrect. I have noted that, I might be required to appear in the training, if required at any center decided by Reham Rahi Academy, Bhagalpur.

Place: _____

Date: ____ / ____ / ____

Signature of the Candidate