

Anveshana Educational and Research Foundation

No Limits for Imagination...

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Date :

Name : _____

Age: _____

Sex: M/F

Occupation: _____

Current Address: _____

Telephone (s) Res _____ Cell _____

Email Address _____

Academic Qualification _____ Branch _____

Year of Passing _____

College Name & Address _____

Affiliated to University _____

Company Name (If you are an Employee) :- _____ Designation :- _____

Interested to Participate in International & National Upcoming Events:-

Conference Workshop Seminar FDP

Industrial Training EDP Project Expo

Event Name :- _____

Event Date:- _____

To confirm your Registration process visit us @ www.anveshanaindia.com/register

For any queries and updates, contact us @ Ph:- +91-7660874746
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