Dr. PANJABRAO DESHMUKH NURSING INSTITUTE

Shivajinagar, Amravati, Maharashtra – 444 603

REGISTRATION FORM

(Capability enhancement and development schemes for students)

Course: ..... Class: .....

Name of the student: ..... Gender: Male ☐ Female ☐

Address: .....

..... Pin Code: ☐☐☐☐☐☐

Phone number.: ..... e-mail ID: .....

Mention which of the following scheme you will be attending;

No.	Schemes	Tick here
1	Soft skill development	
2	Language & communication skill	
3	Employability skill development	
4	Human values development	
5	Personality & professional development	
6	Analytical skill development	
7	Yoga and wellness	

Date: .....

Place: .....

.....

Sign of the applicant

.....

OFFICE USE

Enrolment number: ..... Date of enrolment: .....

Name of the department: .....

....

Name & sign of Class coordinator **Name & sign of HOD**