

Registration Form for Exam Cram Programme

Date: _____

Name (in block letters): _____

Address: _____

Phone No. - Mobile: _____

 Other: _____

E-Mail Address: _____

College: _____

University: WBUT

Other (Please Specify): _____

CGPA/ Percentage till last obtained result _____

Percentage Marks in: Secondary _____ Plus Two _____

Time Slot Preference : (Please tick one or more)

Two hours once every week Mon – Fri., 5:30 pm – 7:30 pm

One hour twice every week Mon – Fri., 7:30 pm – 8:30 pm

Two hours session on Sat. between 10:00 am and 9:00 pm

Two hours session on Sun. between 10:00 am and 2:00 pm

B.Tech

MCA

BCA

Branch: _____ Year: _____ Semester: _____

