

DEMO SLIP

ZONE TECH COPY

Name of Student: _____

Mobile No. : _____

E-mail-Id: _____

Address: _____

QUALIFICATION:

- Diploma Branch : _____
- B.Tech Branch : _____
- Post Graduate
- PhD
- Other

MEDIUM

- English
- Hindi
- Other

Date: __ / __ / ____

Sign: _____

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DEMO SLIP
Student Copy

Name: _____

Branch: _____

Batch Time: _____

Valid Up To: _____

Office
ZONE TECH JAIPUR

Contact: +91-9828747676 / 9460538611

E-mail: zonetechjaipur@gmail.com Web: www.zonetech.in

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