



# GITARATTAN INSTITUTE OF ADVANCED STUDIES & TRAINING

Block D, Pocket 15, Sector 7, Rohini, Delhi, 110085

SESSION: -----

## ELECTIVE PAPER

STUDENT NAME: \_\_\_\_\_

PROGRAMME & YEAR : \_\_\_\_\_

QUALIFICATIONS: \_\_\_\_\_

ENROLLMENT NO.: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

EMAIL ID: \_\_\_\_\_

THE ELECTIVE PAPER CHOSEN BY THE TRAINEE FROM THE FOLLOWING.

(MARK  AGAINST THE PAPER)

Educational Guidance & Counselling

Life Skills

Health & Physical Education

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Signature of the candidate

Dated

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FOR OFFICE USE ONLY

ELECTIVE PAPER \_\_\_\_\_

COORDINATOR'S \_\_\_\_\_