



Registration Form

To
The Executive Director,
Similibis.com,
527, Katju Nagar,
Ratlam (M.P)-457001

Sub - Application for membership

Name : _____

Address : _____

Tele. (Resi.) _____ (Office) _____

Fax : _____

Mobile : _____

Date of Birth : _____

Qualification : _____

Year of Passing _____

Name of College _____

Regd. No. _____

Reference _____

Signature of Applicant