

# **New Batch Registration Form**

(This form is applicable only if you already have an active Study Center already functioning with GU)

### **Study Centre Information**

- Pastor Name
- Study Center Name
- Study Center ID
- Email ID of the Pastor / Senior Coordinator
- Phone Number

## **New Batch Address Details**

*	1.	Door Number
*	2.	Street Name
*	3.	Place
*	4.	Town
*	5.	Pin code
*	6.	State

#### **ICoM Batch and Coordinator details**

*	7.	Name of the Batch	
*	8.	Name of the Asst. Coordinator for this Batch	
*	9.	Phone Number of the Batch Coordinator	
*	10.	Email ID of the Batch Coordinator	
*	11.	Date of Starting this Batch:	

#### Date:

#### For office use only

Signature of the Pastor / Senior Coordinator

* fields area	
Password	
User Name	

fields are mandatory