

Dr. Baliram Hiray College of Architecture

'Professional Training Assistance' (4th year SEM 7)

* Required

Full Name (Surname, First Name, Middle Name)*

Roll number*

Email id*

Contact number*

Do you require assistance in applying for placement ?*

YES

NO

Please mention your preferred location.

Mumbai/ Navi Mumbai

Any Other City

International

If Yes, mention a company / enterprise of your choice.

Provide contact number of the said company.

Provide email id / website of the said company.

If Yes, Attach your Resume and Portfolio.

