



**JEPHANY COUNCIL OF OPEN SCHOOLING AND PROFESSIONAL EDUCATION
(UNDER AEGIS OF SHARON MEDICAL ADVANCEMENT AND RELIEF TRUST(SMART))**

JCOPE IS A NON-PROFIT COMPANY SET UP BY THE MINISTRY OF CORPORATE AFFAIRS, GOVERNMENT OF INDIA.
UNDER SECTION 25 OF THE COMPANIES ACT, 1956 CORRESPONDING TO SECTION 8 OF THE COMPANIES ACT, 2013.
CORPORATE ID .NO.U85306TS2026MPL 212330 & SECTION, 8 LICENCE.NO.181165 UNDER THE COMPANIES ACT 2013.
*REGD. BY GOVT. OF AP. UNDER THE INDIAN TRUST RN ACT 1908. NO.BKIV287/2006, DT.31-05-2006.
*REGD BY GOVT. OF INDIA UNDER NITI AAYOG. NGO DARPAN UNIQUEID.AP/2020/0256229,DT.03-02-2023.
REGISTERED WITH THE MINISTRY OF MSME GOVT. OF INDIA, UDYAM R.NO.UDYAM-AP-23-0028517,DT.10-09-2024.
*REGD BY GOVT OF AP UNDER LABOUR DEPT.ACT.2015, SECTION 2(D)&(2), NO.AP-23-11-017-04042645, DT.19-08-2025.
REGISTERED WITH THE DEPARTMENT OF INCOME TAX, PAN.NO.AAZTS2375K AND TAN.NO.VPNS24395A, DT.16-02-2023.
REGD.BY MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT GOVT.OF INDIA UNDER E-ANUDDAN.NGO.ID- AP/00032249, GOVT OF INDIA
REGD. BY THE MINISTRY OF LABOUR AND EMPLOYMENT GOVT.OF INDIA UNDER NATIONAL CAREER SERVICES.ID-NO.P20J86-0121453252680.
REGISTERED BY THE MINISTRY OF SKILL DEVELOPMENT AND ENTREPRENEURSHIP GOVT.OF INDIA. ESTABLISHMENT.CODE.NO.E11253600027,DT.19-11-2025



RE- REGISTRATION FORM

Register Number : _____

Student Name : _____

Course Name : _____

Appearing Year/Sem. : _____

Father's Name : _____

Date of Birth : _____ (DD/MM/YYYY)

Last Exam Appeared : _____

Contact Number (Mob / Whats App) : _____

E-mail : _____

Paste Your
Recent Color
Photowith Self
-Attestation.
Don't Pin
or Staped

Signature of the Student

Enclosures:

- 1) Previous Year / Semester Mark Sheet Photo Copy
- 2) Demand Draft of Course Fee

OFFICE USE ONLY

Centre Name & Code:

Date:

Verified and Checked,

Coordinator Signature with Seal