CENTRAL TOOL ROOM & TRAINING CENTRE

ADMISSION FORM FOR TRAINNING PROGRAMME
(PLEASE FILL IN USING BLOCK LETTERS AND PUT√ MARK IN THE BOX)

Paste your latest passport size photograph

NAME OF THE COURSE: _____

FROM: _____ **TO** _____

COLLEGE NAME: _____

First Name : _____ Middle Name_____ Last Name_____

Father's Name : _____

Date of Birth : D D | M M | Y Y Y Y [ ][ ] [ ][ ] [ ][ ][ ][ ]

Gender : Male [ ] Female [ ]

Category : GEN [ ] OBC [ ] SC [ ] ST [ ]

Physically Challenged : YES [ ] NO [ ]

Whether Minority : YES [ ] NO [ ]

If Yes, Minority Type :_____

Educational Qualification:_____ UID(AADHAR CARD NO.):_____

Address Details : _____

City/Town: -   District:-

State: -   Pin   :-

Mobile/ Phone No.:   Email:-
(Compulsory)

Fee Type : Self [ ] Sponsored [ ] Course Fee in Rs._____

Present Status : Self Employed [ ] Wage Employed [ ] Unemployed [ ]

Employer's Address:
(If employed)   :

City/Town: District:

State: Pin:

Email:

I do hereby declare that the information given in this application is true and complete to the best of my knowledge & belief.

Place:

Date: **Signature of the Applicant**

For Office use only

ROLL No. : [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] **BATCH No. :**