

## CENTRAL TOOL ROOM & TRAINING CENTRE

(Ministry of Micro, Small & Medium Enterprises, Govt. of India) Bon Hooghly Industrial Area, Kolkata – 700 108. Phone: (033) 25788769/25771068 Fax: (033) 25772494



 $\begin{array}{l} \textbf{E-Mail:} \ \underline{cttc@cal.vsnl.net.in} \ , \ \underline{msmetrkolkata@bsnl.in} \\ \textbf{Website:} \ \underline{www.msmetoolroomkolkata.com} \end{array}$ 

AN ISO 9001:2008 REGISTERED ORGANIZATION

## APPLICATION FORM FOR ADMISSION (PLEASE FILL IN USING BLOCK LETTERS)

IAME OF	F THE COURSE APPLIED:.		• • • • • • • • • • • • • • • • • • • •	
ROM (D	ATE)			Affix your attested
1.	Name of the Applicant			Passport size
2.	Name of the Applicant Father's Name	·		Photograph
2. 3.		: D.D. M.M.		· V
3.	Date of Birth	: DD MM	Y Y Y	Y Y
4.	Sex	: Male	Female	
5.	Nationality	:		
6.	Category	: GEN OBC SO	C ST M	IINORITY
7.	Address for correspondence	· :		
		D'		
		Pin:		
0		E-Mail:		
8.	Contact Phone No. (Compulsory)	· · · · · · · · · · · · · · · · · · ·		
9.	Name of the College with	i		
	Full Address(Compulsory)			
1.0	E	State	Pin	
10.	Educational/Technical Qualification:  College/Institute Name   Degree/Diploma/ITI/10+2/10 <sup>th</sup>   Year of   University			
	Conego mistrate i vante	Standard	Study Re	egistration o./Roll No.
11.	Dormitory Accommodation (On basis of availability)	: Required/Not Require	d.	
	ereby declare that the information will be considered the consideration of the consideration	ation given in this application are	e true and complete	e to the best of
Place				
Date	·		Signature	of Applicant