



**MSME TOOL ROOM, HYDERABAD
CENTRAL INSTITUTE OF TOOL DESIGN**

BALANAGAR, HYDERABAD – 500037.
www.citdindia.org Email: onlinetraining1@citdindia.org
(An ISO 9001:2015, ISO 14001:2004, 50001:2011 Certified Institution)



APPLICATION FOR SHORT TERM COURSES

Admission No. _____ SDMIS Ref No. _____

COURSE NAME _____

Department. _____ Duration _____ (From dd-mm-yyyy ☐ To dd-mm-yyyy ☐)

1. Name as Per SSC
(in BLOCK LETTERS) _____

2. Date of Birth dd-mm-yyyy ☐ Gender M ☐ F ☐

3. Father's Name _____

4. Mother's Name _____

5. Address for
(Correspondence / Permanent) _____

6. Mobile No. _____ E-mail – ID _____

7. UID (Aadhar No.) _____

8. Caste Category GEN ☐ BC ☐ SC ☐ ST ☐ MINORITY ☐ PH ☐

9. Educational Qualifications

Course	School / College / University	Specialization	Year of Passing	Percentage

10. Course Fees (Rs.) _____

11. Payment Details

1st Installment Rs: _____ Receipt No: _____ Date: _____

2nd Installment Rs: _____ Receipt No: _____ Date: _____

3rd Installment Rs: _____ Receipt No: _____ Date: _____

12. Placement Details after completion of the course: _____

List of Documents to be submitted:

☐ 1. Qualification certificates ☐ 2. Aadhar Card ☐ 3. Caste certificate for SC/ST/ PH students

☐ 4. Photo (2) ☐ 5. Payment Receipts

Note: All the above documents are to be sent to mail: onlinetraining1@citdindia.org.

DECLARATION

I do hereby declare and confirm that the particulars furnished above are correct to the best of my knowledge and belief. In case, the above particulars are found incorrect or concealing the facts, my candidature may be cancelled at any stage without any notice.

I understand that, 90% of attendance in every subject/software is compulsory and I commit myself to adhere to the same for the completion of the course.

Date: _____

Signature of Trainee

Trg. Counselor

In-charge Short Term Trg.