**GALAXY**

**TECHNICAL INSTITUTE- RAJKOT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Registration Form** | | | |
| **Course Name** |  | | |
| **Full Name** |  | | |
| **Present Address** |  | | |
|  | | |
| **Ta.** | **Dist.** | **Pin** |
| **Permanent Address** |  | | |
|  | | |
| **Ta.** | **Dist.** | **Pin** |
| **Mobile No.** |  | **Whatsapp No.** |  |
| **Father No.** |  | **Emergency No.** |  |
| **Birth Date** |  | **Age** |  |
| **Education Detail** |  | | |
| **College Name** |  | | |
| **College Add.** |  | | |
| **Experience Detail** |  | | |
| **Allergy or Disease** | **Yes \_\_\_\_\_\_\_\_\_** | **No\_\_\_\_\_\_\_\_\_\_** | **(If Yes)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Reference** |  | | |

**Date: - \_\_/\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place: - \_\_\_\_\_\_\_\_\_\_\_ Sign. Of Student**

**TERMS AND CONDITION**

* EVERY STUDENT ATTENDS EACH LECTURE COMPULSARY.
* ONLY 1 DAY DEMO LECTURE IS ALLOOWED.
* ONCE FEES PAY IS NOT REFENDABLE.