

**MSME TOOL ROOM – AHMEDABAD
INDO GERMAN TOOL ROOM, TRAINING CENTRE
VATVA, AHMEDABAD.**

REGISTRATION FORM

Affix Recent
Passport Size
Color
Photograph

COURSE TYPE:

Short Term: Medium Term: Long Term:

1. COURSE NAME: _____

2. STARTING MONTH: _____

COURSE CODE	AMOUNT (`)	DD / CHEQUE NO.	NAME OF BANK	ACCOUNT SIGN.
TOTAL COURSE FEE				
REGISTRATION FEE				

3. NAME OF PARTICIPANT (As per Secondary School Certificate-10th Mark Sheet): _____

4. EDUCATION QUALIFICATION: _____

5. DATE OF BIRTH (As per Secondary School Certificate): ____ / ____ / ____ AGE: ____ MALE / FEMALE

6. FATHER'S NAME: _____

7. ADDRESS: _____

CITY: _____ STATE: _____ PINCODE: _____

8. PHONE NO. Mobile: _____ Father's Mobile: _____

Residence No.: _____ E-Mail: _____

9. AADHAR CARD NO.: _____

10. SOURCE OF INFORMATION ABOUT IGTR:

Mouth to Mouth: News Paper: Website: Others:

11. SPONSORED: YES: NO:

12. HOSTEL REQUIREMENT: YES: NO:

13. CATEGORY: GENERAL OBC SC ST MINORITY PH

14. IF BELONGS TO MINORITY, PLEASE MENTION

Muslim: Christian: Buddhist: Sikh: Parsi: Other: _____

I do hereby declare that the particular given above are true to the best of my knowledge and belief.

NOTE:

1. Draft to be made in favor of INDO GERMAN TOOL ROOM, AHMEDABAD, payable at Ahmedabad.
2. For each participant as well as course, a separate registration form should be submitted. If required photocopies of the form can be used.
3. The institute reserves its rights to change the contents & Schedule of the training course without prior notice.
4. If required, the participants are expected to work in shifts.
5. Commencement of the course is subject to registration status.
6. Fees once paid will not be refunded. 7. Please refer the course calendar for further details.

I read and agreed all terms & conditions of IGTR, Ahmedabad.

Date:

Signature of Participant

Signature of Admission Counselor

TC-FF-105