

**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 (`)	PAYMENT DETAILS	ACCOUNT SIGN.
TOTAL COURSE FEE			
REGISTRATION FEE			

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

4. FATHER'S NAME: _____ MOTHER'S NAME: _____

5. EDUCATION QUALIFICATION: _____

6. DATE OF BIRTH: ____ / ____ / ____ AGE: ____ GENDER: _____

7. ADDRESS: _____

CITY: _____ STATE: _____ PINCODE: _____

8. MOBILE NO.: _____ FATHER'S MOBILE NO.: _____

9. AADHAR NO.: _____ E-MAIL: _____

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: _____

15. Have you completed any training course from IGTR? _____ (Yes / No)

16. If "Yes" specify the Name of course: _____ (Month) _____ (Year) _____

17. If pursuing any course, specify the Name of course: _____

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

NOTE:

1. For each participant as well as course, a separate registration form should be submitted. If required photocopies of the form can be used.
2. The institute reserves its rights to change the contents & Schedule of the training course without prior notice.
3. If required, the participants are expected to work in shifts.
4. Commencement of the course is subject to registration status.
5. Fees once paid will not be refunded. 6. 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 (1)