

**IGTR CAD/CAM TRAINING CENTRE
RAJKOT**

REGISTRATION FORM

FOR OFFICE USE ONLY

COURSE TYPE :

Short Term Courses Medium Term Courses Long Term Courses

AFFIX RECENT
PASSPORT SIZE
PHOTOGRAPH
HERE

1. COURSE NAME : _____

2. STARTING MONTH : _____

COURSE CODE				
	AMOUNT IN RS.	DD / CHEQUE NO.	NAME OF BANK	ACCOUNT SIGN.
TOTAL COURSE FEES				
REGISTRATION FEES				
HOSTEL FEES				

FILLED BY TRAINEES

4. NAME OF PARTICIPANT (As per Secondary School Certificate) : _____

5. EDUCATIONAL QUALIFICATION : _____

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

7. FATHER'S NAME : _____

8. ADDRESS : _____

9. PHONE NO. : (Res). _____ Mobile: _____
(Father's Mobile) _____ E-mail: _____

10. SOURCE OF INFORMATION ABOUT IGTR :

Mouth to mouth News paper Website Others

11. SPONSORED : YES NO

12. HOSTEL REQD : YES NO

13. CATEGORY : GENERAL OBC SC ST Minority PH

14. If belongs to Minority, please mention

Muslim Christian Bhuddist Sikh Parsi Other

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

NOTE :

1. Draft is 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 CANDIDATE

SIGNATURE OF ADMISSION COUNSELLOR

TC – FF – 203(3)