

MSME TOOL ROOM - AHMEDABAD
INDO GERMAN TOOL ROOM, TRAINING CENTRE
VATVA, AHMEDABAD.

AFFIX RECENT
 PASSPORT SIZE
 PHOTOGRAPH
 HERE

REGISTRATION FORM

FOR OFFICE USE ONLY

COURSE TYPE :

Short Term Courses Medium Term Courses Long Term Courses

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