CENTRAL TOOL ROOM & TRAINING CENTRE

REGISTRATION CUM ADMISSION FORM FOR TRAINNING PROGRAMME

(PLEASE FILL IN USING BLOCK LETTERS AND PUT√ MARK IN THE BOX)

NAME OF THE COURSE: _____**DURATION**_____

FROM: _____ ___**TO** _____

> Paste your latest passport size photograph

1. First Name : _____Middle Name_____ Last Name_____

2. Father's Name: _____

3. Date of Birth :   D D   M M   Y Y Y Y

4. Gender : Male ☐   Female ☐

5. Category : GEN ☐   OBC ☐   SC ☐   ST ☐

6. Physically Challenged : YES ☐   NO ☐

7. Whether Minority : YES ☐   NO ☐

   If Yes, Minority Type : _____

8. Educational Qualification:_____ UID(AADHAR CARD NO.):_____

9. Address Details : _____

   City/Town: -   District:-

   State: -   Pin   :-

10. Mobile/ Phone No.:   Email:-
    (Compulsory)

11. Fee Type : Self ☐   Sponsored ☐   Course Fee in Rs._____

12. Present Status : Self Employed ☐   Wage Employed ☐   Unemployed ☐

13. Employer's Address:
    (If employed)

14. Guest House / Hostel : Required ☐ / Not required ☐
    (On basis of availability)

15. How did you came to know about CTTC : Newspaper / CTTC Trainees / Friends / Any Other source

    I do hereby declare that the information given in this application is true and complete to the best of my knowledge & belief.

Place:
Date: **Signature of the Applicant**

For Office use only

ROLL No. : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐   **BATCH No. :**