

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

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REGISTRATION FORM

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:

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