

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 : _____

3.

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 :

- Draft is to be made in favor of INDO GERMAN TOOL ROOM, AHMEDABAD, payable at Ahmedabad.
- 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 CANDIDATE

SIGNATURE OF ADMISSION COUNCELLOR