



<b>Form No :</b>
<b>Date :</b>
<b>Batch :</b>

## Training Registration Form

Name  DOB :

Father/Husband's Name/ Occupation::

Address (Permanent) :

Landmark

Reference Details

Contact No : (O)  (R)  (M)

E- mail

Qualification :  Experience

Main Course Name  Course Duration

Course Fees

Additional Courses/ Duration/Fees

Software Specifications

Course coordinator :

Student Signature :

**(Installment Details)**

Name :

Form No :

Inst No.	Batch No.	Date	Amt. Received	Payment mode	Ac/ Signature	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

I \_\_\_\_\_ do hereby declare that the information provided by me are true. In addition, the information obtained regarding the courses will be solely for my personal use. Any misuse of this information (other than personal educational purpose) will be the violation of this term and liable for action against me.

Signature:

Course coordinator:

Date: