



**Registration Form
for
Training Programmes/Courses**

1.Name : _____

2.Age: _____ years

3.Contact Number : +91 _____

4.E-mail ID : _____

5.Address for correspondence: _____

_____, State _____

6.Permanent Address: _____

_____ Sate : _____

7.Educational Qualification: _____

8.Professional Qualification: _____

9.Experience (if any): _____

10. Present Occupation: _____

11. Type of training you want to attend: _____

12. Purpose of training: _____

13. Location preference : _____

Date: _____

Place: _____

(Signature of applicant)