



COMMON FACILITY SERVICE CENTRE
APPLICATION FOR ATTENDING TRAINING PROGRAMME

1. Name of Course	:	
2. Period of Course	:	
3. Course/Registration fees	:	
4. Name of the Applicant	:	
5. Residential address	:	
		PIN CODE
6. Phone No	:	1) Residence
		2) Mobile No
7. Age	:	
8. Date of Birth	:	
9. Gender	:	Male <input type="checkbox"/> Female <input type="checkbox"/>
10. Religion and Caste	:	
11. Educational Qualification	:	
12. Experience (if any)	:	
13. Recommendation of the Head of the Dept	:	
Declaration		
I hereby state and affirm that, if selected to the above course, I shall abide by the rules and regulations laid on by the institution for the successful conduct of the course		
Place:		
Date :		Signature of the Applicant
For office use only		
Batch No.....		Duration .../.../... to .../.../.....
1. Date of receipt of application :.....		
2. Status		: Selected/ pending/ not selected
Fee details		
Receipt No.....	Date:	
DEPUTY DIRECTOR		