

Registration form

To,
The Director
MSME, Development Institute
11A-IDC, Kunjpura road
Karnal-132001

Paste Passport
size photograph

Subject:

- Entrepreneurship Skill Development Programme on _____
- Management Development Programme on _____
- Entrepreneurship Development Programme on _____

Training Period _____ **to** _____ **Course Venue** _____

Sir,

I wish to join the above training programme & request you to consider my application. My brief bio-data is given below:

1.	NAME OF CANDIDATE (In Hindi & English)	:	
2.	Father's Name (In Hindi & English)	:	
3.	Mother's Name In (Hindi & English)	:	
4.	Date of Birth	:	
5.	Phone No.:	:	
	Email id:	:	
6.	Aadhaar Number	:	
7.	Educational Qualification	:	
8.	Category of the candidate. (make a tick)	:	SC/ ST/ PH/ Women (attach copy of certificate for SC/ST/Ph)
9.	Correspondence Address	:	
10.	Fee Details:	:	Amount Rs. _____ DD Cheque No. _____ Dated _____ Bank _____
11.	Purpose/Aim to join the course	:	

I, do hereby declare that the particulars given above are true to the best of my knowledge & belief.

Place:
Dated:

Signature: