



REGISTRATION FORM

S.No: _____

NAME	CONTACT	E-MAIL ID:

COLLEGE : _____

FDP CENTER: _____

DATE: _____ Course Name: _____

PARTICIPANT SIGNATURE

FACULTY COORDINATOR SIGNATURE

Participant SLIP

S.No: _____

NAME	CONTACT	E-MAIL ID:

COLLEGE: _____

FDP CENTER: _____

DATE: _____ Course Name: _____

PARTICIPANT SIGNATURE

FACULTY COORDINATOR SIGNATURE

NOTE: This slip is mandatory for entry.

**BANK ACCOUNT DETAILS FOR
NEFT/RTGS TRANSFER**

ACCOUNT NAME : M/S. CENTRAL INSTITUTE OF TOOL DESIGN

BANK NAME: STATE BANK OF INDIA (SBI)

BRANCH : NARSAPUR X ROADS, BALANAGAR (20085)

ACCOUNT NUMBER : 52065280065

IFS CODE : SBIN0020085

MICR : 500002303