

9. Academic Qualifications

Name of Exam.	Institute / University	Month & Year of Passing	% of Marks	Division

10. Particulars of Application Fee paid : Bank Challan / D.D. No. _____ Dt. _____

drawn on _____ Bank _____ Amount Rs. _____

DECLARATION

I do hereby declare and confirm that the particulars furnished above are correct to the best of my knowledge and belief. In case, the above particulars are found incorrect at any future date, I am aware that I am liable for any action the Institute may take against me including termination of the course without further notice and forfeiture of fee paid by me. I shall abide by the Rules and Regulations of the Institute in case of my selection to the course.

Station

Date :

Signature of the Applicant

I shall be responsible for his / her conduct, payment of fees and good behaviour during the period of the courses

Station :

Date :

Signature of Parent / Guardian

NOTE :

1. Please enclose attested true copies of the certificates issued by the competent authorities in respect of Sl. No. 2,7,8, 9,
2. Candidate is advised to give particulars of Application fee paid in Sl. No. 10
3. Please enclose one self-addressed envelope with Rs. 5/- postage stamps affixed and also one self addressed post card for acknowledge the receipt of application.
4. Incomplete application will be summarily rejected.

<u>For Office Use Only</u>	
The candidate is eligible / not eligible for following reasons	
	Yes No
1. Qualification	
2. Minimum marks in the qualifying exam	
3. Age	
4. Caste Certificate	
5. Any other (Specify)	



CENTRAL INSTITUTE OF TOOL DESIGN

(A Govt. of India Society, Ministry of MSME)

BALANAGAR, HYDERABAD - 500 037, T.S. INDIA

Phones: 040-23771959, 040-23776178, Fax : 040-23772658

(An ISO 9001: 2008, ISO 29990; 2010, ISO 14001: 2004 & ISO 50001: 2011 Certified Institution)



No.

ATTENDANCE SHEET

Affix recent
Passport Size
Photo self attested

Hall Ticket No

1. Name of the Course : _____
2. Exam. Centre : _____

3. Date & Time : _____
4. Name of the Candidate : _____
(in block letters) _____
5. Signature of the Candidate : _____
6. Signature of the Invigilator : _____



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No.

HALL TICKET

Affix recent
Passport Size
Photo self attested

Hall Ticket No

1. Name of the Candidate : _____
2. Name of the Course : _____
3. Exam. Centre : _____

4. Date & Time : _____
5. Name & Address for
Communication : _____
: _____
: _____
Pin _____

Dy. DIRECTOR (Trg.)

INSTRUCTIONS TO THE CANDIDATES

1. Reporting Time : Candidates are required to enter the examination hall half an hour before commencement of the examination.
2. Attendance : Candidates should sign in the attendance sheet before leaving the hall.
3. TA & DA : No TA & DA will be paid for attending entrance examination
4. The answer papers along with the question papers should be handed over to the invigilators before leaving the hall, failing which the answer paper will not be valued.

Note : Candidates who have appeared for the qualifying examination should secure a final pass in the qualifying exam at the time of admission. Candidates who do not fulfill this condition are not eligible for admission. Any such contravention will automatically result in disqualification and rejection, if found at a later date.

For any clarification, contact :

Training Department, CITD, Balanagar, Hyderabad - 500 037
Phone Nos. 040 - 23771959, 23776178
Website - www.citdindia.org, Email : admissions@citdindia.org