

MSME-TOOL ROOM, HYDERABAD CENTRAL INSTITUTE OF TOOL DESIGN

Balanagar, Hyderabad, PIN-500037 Telephone No.- 9502405170, 040-2956 1795 Website-www.citdindia.org, E-Mail-training@citdindia.org (An ISO 9001:2015, ISO 14001:2015, 50001:2018 Certified Institution)



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For Office Use Only											
Application No					Affix Recent Passport Size Self						
Hall Ticket No.					Attested Photograph with Name Tag						
(To be filled in CAPITAL LETTERS only)											
APPLICATION FORM FOR _			COUI	RSE							
Examination Centre Opted: HYDERABAD											
				 							
1. Name:											
Day	Mon	ıth	Year		Age						
2. Date of Birth:											
3. Father's/ Guardian's				 							
Name:											
4. Mother's Name:											
5. Father's/ Guardian's											
Occupation:											
6. Permanent Address:											
			PIN								
DI N		F-	mail ID								
Phone No.											
7. Caste Category	SC	ST	PH	OBC	Others						
($\sqrt{\text{the box}}$):											

8. Whether Integrated Caste Certificate with Sub-caste group enclosed: YES NO (Attested copy of certificate to be enclosed, for SC/ST and BC/OBC category candidates

9. Academic Qualifications:

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

10. Particulars of Applic	cation Fee Paid:					
Online Transaction No	nline Transaction No; Date:; Amount Rs.		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:		Si	ignature of t	he Applicant		
I shall be responsible for his / her conduct, payment of fees and good behaviour during the period of the courses.						
Station:						
Date:		Signa	ature of Pare	ent / 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. Incomplete application will be summarily rejected.

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The candidate is eligible / not eligible for following reasons

- 1. Qualification
- 2. Minimum marks in the qualifying exam
- 3. Age
- 4. Caste Certificate
- 5. Any other (Specify)