

Registration form

To,
The Director
MSME, Development & Facilitation office
11A-IDC, Kunjpura road
Karnal-132001

Paste Passport
size photograph

Subject:

- 06 weeks Entrepreneurship Skill Development Programme
 05 days Management Development Programme

Training Period :

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 (Attach the copy of 10 th Pass certificate)	:	
5.	Phone No.: Email id:	: :	
6.	Aadhaar Number (Attach the copy)	:	
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	:	
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: