COURSE REGISTRAION FORM

Course Name:_____

Course Date: From_____to_____

Name:_____

Designation:_____

Educational Qualification:_____

Address for Correspondence:

PIN:

Telephone No: Mobile No:

E-mail:

Employer Name:

Employer Address:

PIN:

Telephone No: Mobile No:

E-mail: Website:

Amount in Word Rupees: _____

*Fees shall be paid after approval from Course Director verifying candidate's initial qualification documents. For details refer section Eligibility Criteria and Registration of this brochure.

Enclosed DD/Cheque No._____ Drawn on. _____ Bank Name _____
_____ Dated. _____for Rs. _____

Cheque / DD to be drawn in favour of "Gavade Institute of Nondestructive Testing & Training" payable at Belgaum / Belagavi, Karnataka.
Please provide the E-Transfer details on separate sheet, and attached to this filled form.

Signature:
Date:
Name: GINDT Approved for this Batch