



## ENROLLMENT FORM

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|                                                                |                                                   |                    |                   |
|----------------------------------------------------------------|---------------------------------------------------|--------------------|-------------------|
| <b>Course code</b>                                             |                                                   |                    |                   |
| <b>Title of the Training Programme</b>                         |                                                   |                    |                   |
| <b>Commencing Date</b>                                         |                                                   |                    |                   |
| <b>Sl No.</b>                                                  | <b>Name of the participant (in block letters)</b> | <b>Designation</b> | <b>Contact No</b> |
| 1                                                              |                                                   |                    |                   |
| 2                                                              |                                                   |                    |                   |
| 3                                                              |                                                   |                    |                   |
| 4                                                              |                                                   |                    |                   |
| <b>Organisation Name</b>                                       |                                                   |                    |                   |
| <b>GST No.</b>                                                 |                                                   |                    |                   |
| <b>Address (for correspondence)</b>                            |                                                   |                    |                   |
| <b>Contact person Name</b>                                     |                                                   |                    |                   |
| <b>Designation</b>                                             |                                                   |                    |                   |
| <b>Phone / Mob</b>                                             |                                                   |                    |                   |
| <b>Email</b>                                                   |                                                   |                    |                   |
| <b>Fax</b>                                                     |                                                   |                    |                   |
| <b>Payment Details : (made through online NEFT /RTGS/IMPS)</b> |                                                   |                    |                   |

Enclosed Cheque / DD No. \_\_\_\_\_ dated \_\_\_\_\_

For ₹ \_\_\_\_\_ drawn on (Bank) \_\_\_\_\_

in favour of **Central Manufacturing Technology Institute, Payable at Bangalore.**

Date:

**Seal & Signature of the sponsoring Authority**

Please Mail / Fax the completed form immediately for the address mentioned above