ENROLLMENT FORM

Centre Head – AEAMT
Central Manufacturing Technology Institute
Tumkur Road
Bangalore 560 022

Fax : 080 – 2337 0428
Email: training@cmti.res.in
Mob: 0944984 2**686**
0944984 2**678**

Course code	
Title of the Training Programme	
Commencing Date	

Sl No.	**Name of the participant (in block letters)**	**Designation**	**Contact No**
1			
2			
3			
4			

Organisation Name	
GST No.	
Address (for correspondence)	
Contact person Name	
Designation	
Phone / Mob	
Email	
Fax	
Payment Details : (made through online NEFT /RTGS/IMPS)	

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