



MSME - Technology Development Centre
(A Scientific & Industrial Research Organisation)
CENTRE FOR THE DEVELOPMENT OF GLASS INDUSTRY
FIROZABAD

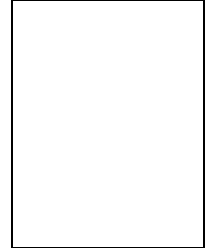


ISO :9001:2008
ISO :14001:2004

REGISTRATION CUM EXAMINATION APPLICATION

(FILL UP IN CAPITAL LETTERS)

DATE _____



Institution Approval No	
Institution Name & Full Address with Pin code	
Student name in English	
Date of Birth	
Sex	Male / Female
Name of the father (or) Guardian	
Permanent Address	
Address for Communication	
Name of the Course	
Course Duration	3 Months / 6 Months / 9 months / 1 Year
Examination for which Year	



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HALL TICKET

Reg No. _____

Name of the candidate: _____

Institution Address: _____

Course Name: _____

Duration: _____

Signature of the Candidate

Address of School/College In which the candidate last studied	
Name of qualifying examination Passed with the Reg. Number of Govt. Mark Sheet & Year of Passing	
The Board / University from which the candidate passed the qualifying examination	
Details of documents enclosed (Only Xerox Copy)	

DECLARATION BY THE CANDIDATE

I hereby declare that the entries made above are correct and that they have been made in my own handwriting.

Place:

Date:

Signature of the Candidate

His / Her application for examination has been accepted and granted as a candidate for examination to the aforesaid course for 20 - 20

Firozabad

Date: _____

For Controller of Examination