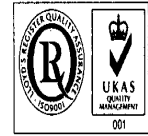




**DEPARTMENT OF TEXTILE ENGINEERING
REGISTRATION FORM**



TRAINING ON GARMENT ENGINEERING

NAME: _____

FATHER'S NAME: _____

ROLL NUMBER: _____

GENDER: _____

DATE OF BIRTH: _____

CONTACT NUMBER: _____

EMAIL ID: _____

Paste your
recent
Photograph

SIGNATURE OF THE CANDIDATE

FOR OFFICE USE ONLY

AMOUNT PAID: _____

BALANCE: _____

RECEIVED BY: _____

REMARKS:

