



(Regd. By Govt. of Maharashtra No.- MH/1500/ F-21229/Pune)

Maharashtra Technical And Business Training Centre, Pune

(Govt. Registered organisation under BPT Act for Technical and Business Training)

Near YCM Hospital, Sant Tukaram Nagar, Pimpri, Pune -411018

Ph.No. 020-27420242 E-Mail-ID- mtbtpune@gmail.com website : www.mtbtpune.com

Examination Form

Recent
Photograph

To,
The Director,

R/S Sir

I, undersigned wants to apply for the examination of the MTBTC's Self Administrative Course

NAME OF STUDENT : _____
(In BLOCK CAPITAL LETTERS) SURNAME NAME FATHER'S / HUSBAND'S NAME

ADDRESS (With Pincode) : _____

CENTRE NAME AND ADDRESS (With Pincode) : _____

DURATION OF COURSE : _____ Month(s) / Year(s)

ADMISSION DATE : ____ / ____ /20 **ENROLL. NO.**
(About this course only)

LAST DATE OF EXAM : ____ / ____ /20 **EXAM NO.**
(For Re-Examination)

SUBJECTS FOR EXAM :

1	<input type="text"/>	5	<input type="text"/>	9	<input type="text"/>
2	<input type="text"/>	6	<input type="text"/>	10	<input type="text"/>
3	<input type="text"/>	7	<input type="text"/>	11	<input type="text"/>
4	<input type="text"/>	8	<input type="text"/>	12	<input type="text"/>

EXAM FEES : PAID/UNPAID
DUES (If Any) : YES/NO

All above information given is true according to the best of my knowledge. I am ready to undergo any legal action, if found false.

Date :

Place :

Student's Signature