



(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.: 020-27420242 E-Mail : mtbtpune@gmail.com , mtbtpune@yahoo.com website : www.mtbtpune.com

Enrollment Form

To,
The Director,

R/S Sir

I, undersigned understand all information given in Prospectus and wants to enroll my name for the MTBTC's Self Administrative Course _____

Student's
Recent Colour
Photograph

NAME OF STUDENT
(In BLOCK CAPITAL LETTERS)
ADDRESS

: _____
SURNAME NAME FATHER/HUSBAND'S NAME
: _____

CONTACT NO.

:

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CENTRE NAME AND ADDRESS

:

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DURATION OF COURSE

:

--	--

 Days / Month(s) / Year(s)

ADMISSION DATE

: / /20 **BIRTH DATE** : / /19

CASTE

: _____

EDUCATIONAL QUALIFICATION:

(Last Exam Passed / Appeared)

OTHER QUALIFICATION

: Typing : Marathi WPM Eng. WPM

Technical : _____

Professional : _____

DOCUMENT ATTACHED

: i) _____ ii) _____
iii) _____ iv) _____

ENROLLMENT FEES

: PAID / UNPAID

I am ready to pay course fees in given time and if not, I understood that my admission will be canceled and any fees which is paid by me will not be refundable. I also am ready to undergo any legal action, if All above information given is found false.

Director / H.O.D.

Date :

Student's Signature