COLLEGE OF ENGINEERING TRIVANDRUM

CENTRE FOR CONTINUING EDUCATION

Registration Form for Training in CNC Programming

Name of Applicant :   Male/Female

Name of Guardian:

Whether SC/ST/OBC/General:

Branch:

College:

Year of Admission:

Date of Birth:

Email ID –

Residential Address

Phone Number

Guardian's Phone number

Batch Preference. Monday–Friday (4.30PM-6.30PM)/
                        Saturday& Sunday(9.00AM-4.00PM)

Declaration: I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria, my candidature will be cancelled without assigning any reasons thereof.

Place:

Date   Signature