## Maharashtra Technical And Business Training Centre, Pune

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

11, Ingawale Patil Apartment, Pimple Gurav Pune - 411061

www.mtbtcpune.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

| NAME OF STUDENT<br>( In BLOCK CAPITAL LETTERS)<br>ADDRESS                         | :    | SURNAME      | IE NAME FATHER/HUSBAND'S NAMI                   |     | D'S NAME |     |
|---|------|--------------|---|-----|----------|-----|
| CONTACT NO.<br>CENTRE NAME AND<br>ADDRESS   | :    |              |   |     |          |     |
| DURATION OF COURSE<br>ADMISSION DATE  | :    | / /200       | Days / Month(s) / Year(s)<br>BIRTH DATE : / /19 |     |          |     |
| EDUCATIONAL QUALIFICATI<br>( Last Exam Passed / Appeared )<br>OTHER QUALIFICATION | ION: |              | Marathi<br>:                                    | WPM | Eng.     | WPM |
|   |      | Professional | ·   |     |          |     |
| DOCUMENT ATTACHED   | :    |              |   |     |          |     |
| ENROLLMENT FEES   | :    | PAID / UNP   |   | ,   |          |     |

Iam ready to pay course fees in given time and if not, I understood that my admission will be cancled 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

Student's Recent Colour Photograph