### सूक्ष्म, लघु और मध्यम उद्यम MICRO, SMALL & MEDIUM ENTERPRISES MSME - TOOL ROOM, HYDERABAD

# CENTRAL INSTITUTE OF TOOL DESIGN

(A Govt. of India Society, Ministry of MSME)
BALANAGAR, HYDERABAD - 500 037, A.P. INDIA

BALANAGAR, HYDERABAD - 500 037, A.P. INDIA Phones: 040-23771959, Dir : 040-23776156, Fax : 040-23772658

(An ISO 9001: 2008, ISO 29990; 2010, ISO 14001: 2004 & ISO 50001: 2011 Certified Institution)

(For	Office use of	only)								
Application No								Pa	Affix recent assport Size o duly atte by a	e
H.T.No.								Ga	zetted Offi	cer
APPLICATION FORM	FOR				C(	OURS	SE			
(To be filled in CAPITAL Let	ters only)									
1. Name:										
2. Date of Birth :	Day		Month			Yea	r			Age
3. Father's/ Guardian's Name :										
4. Mother's Name:										
5. Father's/ Guardian's Occupation :										$\overline{\Box}$
6. Permanent Address:									$\overline{\top}$	
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Contact Ph No.					E-mail	ID L				
7. Caste Category (Use Code):		01-SC	02-	ST	03-PH	. (	)4-BC	05-OBC	06-Ot	hers
8. Family Annual Income :		Rs.								
(Latest Income Certificate	from MRO	to be encl	losed for	SC/S	T and B	C/OBC	catego	ry candida	es)	

9. Whether Integrated Caste Certificate with Sub-caste group enclosed : (Attested copy of certificate to be enclosed, for SC/ST and BC/OBC category candidates



9. Academic Qualifications

Name of Exam.	Institute / University	Month & Year of Passing	% of Marks	Division

10.	Experience : (For Sponsored Car	ndidates)			
11.	Particulars of Appli	ication Fee paid : Bank C	Challan / D.D. No	 _Dt	
		drawn on	Bank	 Amount	Rs

#### **DECLARATION**

I do hereby declare and confirm that the particulars furnished above are correct to the best of my knowledge and belief. In case, the above particulars are found incorrect at any future date, I am aware that I am liable for any action the Institute may take against me including termination of the course without further notice and forfeiture of fee paid by me. I shall abide by the Rules and Regulations of the Institute in case of my selection to the course.

Station

Date:

Signature of the Applicant

I shall be responsible for his / her conduct, payment fo fees and good behaviour during the period of the courses

Station:

Date:

Signature of Parent / Guardian

#### NOTE:

- 1. Please enclose attested true copies of the certificates issued by the competent authorities in respect of Sl. No. 2,7,8, 9, 10 & 11
- 2. Candidate is advised to give particulars of Application fee paid in Sl. No. 11
- 3. Please enclose one self-addressed envelope with Rs. 5/- postage stamps affixed and also one self addressed post card for acknowledge the receipt of application.
- 4. Incomplete application will be summarily rejected.

#### **For Office Use Only**

The candidate is eligible / not eligible for following reasons

Yes No

- 1. Qualification
- 2. Minimum marks in the qualifying exam
- 3. Age
- 4. Caste Certificate
- 5. Any other (Specify)

# CERTIFICATE

(To be submitted by applicants of PDTD course only)

is is to certify that the Diploma course conducted by this Institute is recognized as equivalent of Diploma in
echanical Engineering for pursuing further studies, vide G.O. Ms. No
pard of Technical Education & Training
Principal / HD
OTE: Proof of equivalency certificate issued by the State Board of Technical Education is a must and required to be enclosed by the applicants whose certificate is not issued by State Board authorities or else his application is liable to be rejected
SPONSORSHIP FORM-CUM-EXPERIENCE CERTIFICATE (To be submitted by applicants of sponsored category only)
r./Ms
o / D/o is presently working in our
ganisation at
om (date)
e sponsor Mr. / Ms to undergo GTD / PDTD full-time course at CITD, Hyderabad. We will not withdraw him / her before completion of the urse
Proprietor/M.D.  (with seal)



Communication

### CENTRAL INSTITUTE OF TOOL DESIGN

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Affix recent No. ATTENDANCE SHEET Passport Size Photo duly attested by a Gazetted Officer Hall Ticket No. 1. Name of the Course 2. Exam. Centre 3. Date & Time 4. Name of the Candidate (in block letters) 5. Signature of the Candidate 6. Signature of the Invigilator :\_ ..... CENTRAL INSTITUTE OF TOOL DESIGN (A Govt. of India Society, Ministry of MSME) सूक्ष्म, लघु और मध्यम उद्यम BALANAGAR, HYDERABAD - 500 037, A.P. INDIA MICRO. SMALL & MEDIUM ENTERPRISES MSME - TOOL ROOM, HYDERABAD Phones: 040-23771959, Dir: 040-23776156, Fax: 040-23772658 (An ISO 9001: 2008, ISO 29990; 2010, ISO 14001: 2004 & ISO 50001: 2011 Certified Institution) Affix recent No. HALL TICKET Passport Size Photo duly attested by a Hall Ticket No. Gazetted Officer 1. Name of the Candidate 2. Name of the Course 3. Exam. Centre 4. Date & Time 5. Name & Address for

\_\_\_\_\_Pin\_

## **INSTRUCTIONS TO THE CANDIDATES**

1. Reporting Time : Candidates are required to enter the examination hall half an hour before

commencement of the examination.

2. Attendance : Candidates should sign in the attendance sheet before leaving the hall.

3. TA & DA : No TA & DA will be paid for attending entrance examination

4. The answer papers along with the question papers should be handed over to the invigilators before leaving the hall, failing which the answer paper will not be valued.

Note: Candidates who have appeared for the qualifying examination should secure a final pass in the qualifying exam at the time of admission. Candidates who do not fulfill this condition are not eligible for admission. Any such contravention will automatically result in disqualification and rejection, if found at a later date.

#### For any clarification, contact:

Training Department, CITD, Balanagar, Hyderabad - 500 037 Phone Nos. 040 - 23771959, 23776156

Website - www.citdindia.org, Email: admissions@citdindia.org