

**CHOYAL SCHOOL OF  
MILLING TECHNOLOGY**

Vishwakarma Nagar, P.O. Arjunpura - 305203  
District: Ajmer (Rajasthan) India  
www.csmt.in

Form No. \_\_\_\_\_

# Registration Form

## Short Term Course

Participant's Name : .....  
(In block letters)

Company's Name : .....

Company Address : .....

Sex : Male  Female

Educational  
Qualification :  X  XII  Graduate  Post Graduate  Other

Age : year  month  day  Birthdate : .....

Residence Address : .....

..... PIN code : .....

Mobile No. : ..... Telephone No. : .....

E Mail : .....

Valid photo ID : ..... ID number: .....

Marital Status : Married      Unmarried

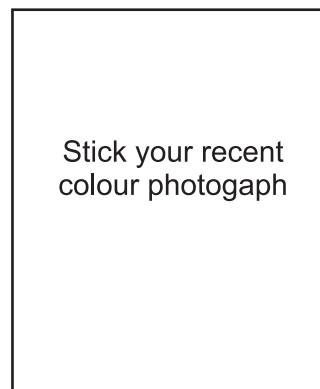
What you expect from this course?  
.....  
.....

I hereby declare that I will follow the institutional rules during the programme. Kindly enroll me in the programme.

Place : .....

Date : .....

Signature



For office use only
Date of receipt of form : _____ for course _____
Registration No. _____ Course No. _____
Remark if any _____