



REGISTRATION CUM EXAMINATION FORM (www.technicalcouncil.com)

The Council of Technical Education & Training (India)

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Course Name: Part..... Year.....

Institute Name.....

Student Name.....

Father's Name.....

Mother's Name.....

Date of Birth..... /..... /..... (in figures).....

Full Address:

Village / City: Distt: State.....

Mobile no.....Email.....Pin Code

Education details:

Sr. No.	Class / Course	Board / University / Council	Roll No.	Obtained Marks	Year of Passing
1					
2					
3					
4					

Declaration:-

I am declaring that I knew it and well aware that the Council is an autonomous educational body. The course of the Council is the council's own autonomous programme. The running course is for promotion of skill and not guaranteed for further educational use and Govt. or private job. Hence I am taking admission after the knowing all legal facts and own choice and without any pressure. I have read all terms & conditions, legal status and recognition of the Council and I shall never be entitled to any other claim in future about the Recognition and legal status of the Council. If found incorrect or wrong on any stage in documents and statement given by me to the council then council shall be fully authorized to cancel admission / exams. / result and forfeit the fee deposit by me.
I have read, Understood and accept the rules and regulations, terms and conditions of the council and agree to abide.

Signature & stamp of institute

Sign. of Father / Guardian

Signature of Student