Gujarat Knowledge Society

Directorate Of Technical Education
Block No. 2, Second floor, Dr. Jivraj Mehta Bhavan, Gandhinagar-382010
Phone: 079-23253615, Fax: 079-23253539
E-mail: gks.dte@gmail.com Web site: www.gksgujarat.org

REGISTRATION FORM

Paste Your Recent Passport Size Photograph

(For office use only)

Registration ID

0	0																	

To be filled in by Candidate

Surname : _____ Name : _____

Middle Name : _____

Address : _____

_____

City : _____ Pin code : _____

Taluka : _____ District : _____

Gender : ☐ Male ☐ Female Date of Birth D D / M M / Y Y Y Y

Category : ☐ Open ☐ OBC ☐ SC ☐ ST ☐ PH

E-mail : _____

Phone (with code): _____ (R) _____

Mobile : _____

Educational : ☐ 10+ ☐ 12+ ☐ Diploma (specify)

Qualification : ☐ Graduation (specify)

☐ Post Graduation (specify)

Level of Course Applied for ☐ **Level 1** ☐ **Level 2** ☐ **Level 3** ☐ **Level 4**

Course Type : ☐ IT ☐ Non-IT

Name of Course : _____

Training Center Name : _____

Training Partner Name : _____

Zone : _____

Fee Amount (Rs.) : _____ (in words) _____

Whether Registered earlier? ☐ YES ☐ NO

If yes, specify earlier registration ID _____

Place : _____

Date : _____

Signature of Student

Signature of Training Center Incharge

Note: Fill up the application form in CAPITAL LETTERS ONLY
Please (✓) tick the appropriate box wherever provided