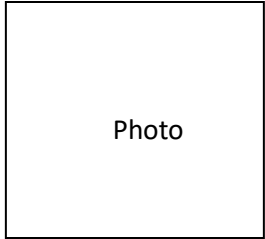


CDB INSTITUTE OF TECHNOLOGY
(Ministry of Agriculture and Farmer's Welfare, Govt. of India)
South Vazhakulam, Aluva-5. Phone 0484- 2679680



TRAINING PROGRAM

Type of Training program:.....

- 1. Name: Shri/Smt/Kum.....
- 2. Age Gender : Male/Female
- 3. Address:

.....
.....

District.....Pin.....

- 4. Contact Number.....E.mail.....
- 5. Payment details: DD.No.....date...../UTR No.....
- 6. Educational qualification.....
- 7. Caste: SC/ST/OBC/General
- 8. Whether disabled: Yes /No
- 9. If yes, type of disability:
.....
- 10. Name of sponsoring institution.....
- 11. Area of working: Business/House wife/Student/others
- 12. Have you attended any kind of similar training, If yes, give details.....

Place:

Date:

Applicant's Name and Signature