MICRO, SMALL & MEDIUM ENTERPRISES THER, GIZ YOU THEFT STOP

Government of India

Ministry of Micro, Small & Medium Enterprises

MSME – Testing Centre

111 & 112, B.T. Road, Kolkata – 700108, WB. Telephone No: 033-2577- 2482/0686/4055 www.rtcer.gov.in, Email: dctc-er@dcmsme.gov.in

PHOTO**

(2 Nos.)

APPLICATION FORM FOR MANAGEMENT DEVELOPMENT PROGRAMME

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					ı		<u>ie: MSME-TC, Kolka</u> ta	
1. Name of the Candidate (in BLOCK LETTERS as per Item No.8)* In Hindi			First Name		Middle Name		Last Name	
Name of the Father * In English								
In Hindi								
Gender			Male / Female					
Address*								
City:			District / State :					
Pin Code:			Mobile No. *:					
E-mail address*								
Age as on Do	e. 2024:	Date of Birth:						
Highest Educational Qualifications								
Identity Do	Certificate N	Certificate Name Numb			Date			
MSME Reference								
Udyam No.								
Social State	us (please	(√) ti	ck the appropriate	colu	mn)*			
General	O.B.C.	S.C.	S.T.		_	ristian/Muslim	Physically Handicapped	
						Т		
(please ($\sqrt{}$	Self- Employment	,	Wage Employment		Not yet decided			
. Course fee (Cash / DD)			Amount		DI) Number	Drawn on	
	rnal Audit a Name of th BLOCK LET Item No.8) In Hindi Name of th English In Hindi Gender Address* City: Pin Code: E-mail adde Age as on De Highest Educ Qualification Identity Do * MSME Refere Udyam No. Social State General	ne of the Course: One ernal Audit as per IS/I Name of the Candida BLOCK LETTERS as partem No.8)* In Hindi Name of the Father and English In Hindi Gender Address* City: Pin Code: E-mail address* Age as on De. 2024: Highest Educational Qualifications Identity Document Date of the Father and English In Hindi Gender Address* Age as on De. 2024: Highest Educational Qualifications Identity Document Date of the Father and English Trainee Objective* (please (v)) tick the appropriate column)	ne of the Course: One Week rnal Audit as per IS/ISO/IE Name of the Candidate (in BLOCK LETTERS as per Item No.8)* In Hindi Name of the Father * In English In Hindi Gender Address* City: Pin Code: E-mail address* Age as on De. 2024: Highest Educational Qualifications Identity Document Details * MSME Reference Udyam No. Social Status (please (\(\)) tick General O.B.C. Trainee Objective* (please (\(\)) tick the appropriate column)	Remail Audit as per IS/ISO/IEC 17025:2017 Name of the Candidate (in BLOCK LETTERS as per Item No.8)* In Hindi Name of the Father * In English In Hindi Gender Address* City: District / State: Mobile No. *: E-mail address* Age as on De. 2024: Date of Birth: Highest Educational Qualifications Identity Document Details * MSME Reference Udyam No. Social Status (please (√) tick the appropriate General O.B.C. S.C. Self-Employment Employment Amount	The of the Course: One Week Management Developmental Audit as per IS/ISO/IEC 17025:2017 Name of the Candidate (in BLOCK LETTERS as per Item No.8)* In Hindi Name of the Father * In English In Hindi Gender Address* City: Pin Code: Pin Code: E-mail address* Age as on De. 2024: Highest Educational Qualifications Identity Document Details * MSME Reference Udyam No. Social Status (please (\(\forall \)) tick the appropriate column) Trainee Objective* (please (\(\forall \)) tick the appropriate column) Amount	Trainee Objective* (please (✓) tick the appropriate column)* Trainee Objective* (please (✓) tick the appropriate column)* Trainee Objective* (please (✓) tick the appropriate column) Trainee Objective* (please (✓) tick the appropriate column) Tirst Name First Name Fi	Trainee Objective* Self- Brist Name Self- Se	

* ALL THE PARTICULARS SHOULD BE FILLED IN COMPULSORY. Attach copy of the documents.

**Two Passport size photographs are required, one should be pasted on the application and the other photograph mentioning your Name clearly on backside (To be attached).

Date: Signature of the candidate.

Programme Coordinating Officer: Shri Alak Kr. Mitra, Asstt. Director (Gr.-I), IEDS / Shri Suvankar Santra, Asstt. Director, IEDS .