

CENTRAL TOOL ROOM & TRAINING CENTRE
CTTC - P MEC Hi-Tech Labs, Berhampur

Registration Form

Name of Trainee: _____ Regd. No.: _____

Branch: _____ Semester: _____ Contact No.: _____

Course Opting for: _____

Time: 07:00AM – 09:00AM 04:15PM – 06:15PM 06:15PM – 08:15PM

Signature of Trainee

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