

Date & Place : _____







REGISTRATION FORM

Seven Days Training Programme on Packaging organized by Indian Institute of Packaging & Ministry of MSME, Govt. of India for SC/ST Budding and Existing Entrepreneurs under NSSH at Indian Institute of Packaging

Dear Sir	/Madam			
and exis	•	register myself/ourselves for seven reneurs under NSSH at Indian Instit		
Name		:		
Fathers I	Name	:		
Date of Birth		: Age :		
Educatio	nal Qualific	ation:		
Aadhaar Card No.		:		
Udyog Aadhaar No.		:		
Address		:		
Contact No.		: Mail ID:		
Caste		: Caste Certificate No		
Existing	Company / I	Building Entrepreneur:		
Compan	y Address	:		
(Attach	self atteste	d copy of Caste certificate)		
* PLEAS	E TICK THE	<mark>8 yrs. & above</mark> TRAINING PROGRAMME TO REGIS	TER: <u>(only one training p</u>	rogramme to be
selected S.NO	TOPICS		DATE	PLEASE TICK
1	Packaging of Handicrafts and Handlooms		18 – 26 th February 2020	
2		Imer Waste Management and of Packaging Materials	11- 19 th March 2020	

Name & Signature: