



OM CENTRE FOR RESEARCH & INNOVATION

JUNAGADH - BHESAN ROAD, JUNAGADH.

Ph. 0285 - 2680500, 99781 77770, 99782 77770, Fax. : 0285 - 2680666

www.omeducation.edu.in, Email : ocric@omeducation.edu.in

Note : * Use only English block letters to fill this form.

REGISTRATION FORM

SR No.

Name of the Student :

Address for Correspondence :

Mobile No. : Pin Code :

Date of Birth : Gender : MALE FEMALE

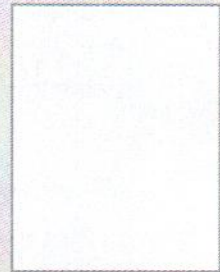
Category : SC ST SEBC PH OPEN OTHER

BPL Card Holder : YES NO

ADHAR Card No. :

Trainee Type : STUDENT ACADEMICIAN INDUSTRY PERSON OTHER

Skill Enhancement Type : FRESH UPSKILLING



Student's
Photograph
35mm x 45mm

Course in which admission desired	<input type="checkbox"/> Draughtsman	<input type="checkbox"/> QC Inspector
	<input type="checkbox"/> Machine shop Supervisor	<input type="checkbox"/> Machine shop Master Technician – Setter
	<input type="checkbox"/> Machining Technician\ CNC Operator	<input type="checkbox"/> Supervisor R&D Testing

Course	Branch \ Stream	University \ Board	Year of Passing	Percentage (%)
SSC				
HSC				
I.T.I.				
DIPLOMA				
DEGREE				
OTHER				

Professional Detail	Employer Name (Name of Company)	Designation	Experience in Years

Declaration I Hereby declare that the information given above is correct and if any misstatement, whenever found, will lead to cancellation of admission. I also, hereby, assure to abide by the rules and regulations of the college.

Date : / / 201

Student's Signature

Office Use Only	Checked by : _____	Date : _____
------------------------	--------------------	--------------

In Association With				
	Since 1979	AUTOMOTIVE SKILLS DEVELOPMENT COUNCIL		कौशल भारत - कुशल भारत

UNDERTAKING BY THE STUDENT

To,
The Centre Incharge,
Om Centre For Research & Innovation - Junagadh
Sir,

I wish to seek admission in your centre in _____ course.

My personal detail and other detail given above are completely relevant and true. I hereby assure you that my parent and I shall strictly abide by the rules and regulation framed by the OM Centre for Research & Innovation, Automotive Skills Development Council & The Centre for Entrepreneurship Development (Govt. of Gujarat Organization) in respect of admission, studies and discipline. I understand that my admission is liable to be cancelled if I violate the rules and regulations. My parent and I shall have no right to complain and we shall be responsible, for all consequences arising from the violation of the rules. My parent and I sign here below in testimony of our acceptance of the terms, rules and regulation in force and those framed here after.

I am aware that, I will get certificate from ASDC (Govt. Approved) only if I will pass examination conducted by ASDC. If I will fail in examination conducted by Training Center, I will not eligible for the certificate.

Place :

Date :

(Signature of Student)

UNDERTAKING BY THE GUARDIAN

I undertake that if admitted, my Son / Daughter ward will firmly obey all rules and regulation of the OM Centre for Research & Innovation, Automotive Skills Development Council & The Centre for Entrepreneurship Development (Govt. of Gujarat Organization). I also undertake to compensate for any loss or damage caused by him / her to the OM Centre for Research & Innovation. The Centre Incharge is fully empowered to discharge / cancel admission of my Son / Daughter ward for any misconduct / violation of rules and regulation. I undertake to pay all expenses his / her education.

Date :

(Guardian's Signature)

DOCUMENTS ATTACHED WITH APPLICATION

Xerox Copy : L. C. S.S.C. Marksheet H.S.C. Marksheet Degree Certi. Trial Certi.
 Address Proof PH Certificate Adhar Card BPL Card
 Other Training Certificate Experience Certificate