सूक्ष्म लघु एवं मध्यम उद्यम मंत्रालय,भारत सरकार
Ministry of Micro, Small & Medium Enterprises Government of India.

: APPLICATION FORM:
Professional Training Associate (PTA)

Name of Course Applied for: _____

1. Full Name of the Applicant/Institution: _____

_____

2. Address for Correspondence: _____

_____

3. Phone Number: _____

4. Email ID: _____

5. Date of Birth: _____

6. Age as on date: _____

7. PAN/Aadhar Number: _____

8. Whether belonging to SC/ST/OBC/Gen:_____

9. Gender: _____

10. Religion: _____

11. Nationality: _____

12. GST Number: _____

13. Registration Number (if any): _____

Affix a passport size Photograph

कामये दुःखतप्तानाम्।
प्राणिनाम् आर्तिनाशनम्॥