

CENTRE FOR TRAINING & SKILL DEVELOPMENT

E-206, FIRST FLOOR, PHASE-VIII B, INDUSTRIAL AREA, MOHALI, PUNJAB

Date-__ / __ / __

STUDENT DECLARATION FORM

I _____ S/O _____ residing at _____
hereby declare that I have joined CTSD for the Industrial training
program for the duration of ____ days. I have been well informed
about the rules and regulations to follow in the training center. In
case any casualty occurs, I myself will be solely responsible for it.
CTSD or ELFIN DRUGS will not be responsible for any such thing. In
case anything happens outside the training premises, I take full
responsibility of it.

Student's Name:

Signature:

Contact Number:

Date of Signature:

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