

# UIHMT INSTITUTE OF TRAINING AND RESEARCH,DEHRADUN

Running Under Registered Society Dream Yuwa Welfare Society, with  
Registration No. 392/2023

## Registration Form

Course	Subject	University	

All Columns are mandatory & Fill in Block Letters:

1. Name of Candidate:.....
2. Father's Name:.....
3. Mother's Name:.....
4. Date of Birth:.....
5. Gender:.....
5. Postal Address :.....  
.....  
.....

Academic Qualifications:

Sl.No.	Exam Passed	Board/University	Year	Division

**Previous Training/Experience Details:**

S.No.	Organization	Year	Designation	Topic/Subject	Duration

## **Declaration by the candidate**

I hereby declare that I have carefully read and understood the details of the above programme and that I have given the true and correct information while filling up the form. It may be open for the institute to take the action in case of any information given by me is found incorrect.

Date :

Place:

Contact Info: 9012490007, 9012490006

E.mail- [uihmtddun@gmail.com](mailto:uihmtddun@gmail.com)

Website- [www.uihmt.com](http://www.uihmt.com)