

MSME TECHNOLOGY CENTRE BHIWADI**ADTDM/DIM – REQUIREMENT FOR ADMISSION DOCUMENTS**

Sr.	Documents Description
1	Original Mark Sheet of 10th Std. (SSC)
2	Original Transfer/Leaving Certificate (TC/LC)
3	Original Migration Certificate (For out of Rajasthan State)
4	Original Appropriate Caste Certificate - Computerized only
5	Medical Fitness Certificate from Civil Surgeon - As per prescribed format
6	Anti-Tetanus Injection Certificate- As per prescribed format
8	35 x 35 mm Size Color Passport Photographs (08 copies)
9	Acknowledgement copy of Registration
10	Dress code (Uniform) :- a) Blue Shirt (Half Sleeve with collar) & Grey Trouser. b) Black Safety Shoe

FEES DETAILS

Sr. No.	Fees Structure	Fee to be deposited by - Rs.	
		Without Hostel Facility	With Hostel Facility
1	Tuition Fee per Semester	19000	19000
2	Caution Money Deposit (Refundable after course completion)	5000	5000
3	Personal Accident Insurance Fee per annum	200	200
4	Library Fee per annum	500	500
5	Internet Fee per annum	200	200
6	Hostel accommodation charges per Semester		9000
7	Mess charges per Semester - Compulsory for Hostlers		13200
Total fee for General and OBC Candidate		24900	47100
Total fee for SC / ST Candidate		5900	28100

Fee Deposit: By any one of following:-

1- Throug **Demand Draft** in favor of **MSME Technology Centre Bhiwadi** Payable at Bhiwadi

2- Bank Transfer From **UPI/ Net banking /Other wallets**

Bank Name :- State Bank of India, Branch Code:- 7052

Bank A/c No. :- 38110128708 IFSC Code :- SBIN0007052

Beneficiary Name :- MSME TECHNOLOGY CENTRE BHIWADI

Account Type:- Current A/C

Self-attested copy of Bank Statement to be provided as Proof of Transfer for UTI Number.

CERTIFICATE OF PHYSICAL FITNESS

Name of the applicant _____ Blood Group: _____

Son/daughter of SHRI _____
(Name of father)

Address: _____

I, Dr. _____ Regn.No. _____

Certify that the above named applicant whose signature is attested below is not suffering from any of the diseases mentioned below, nor from any other disease which may be contagious, infectious or harmful to others.

- | | |
|--|--|
| 1. Infection skin diseases | 4. Color Blindness |
| 2. Tuberculosis | 5. Any physical or mental disability that may hinder his education |
| 3. Epilepsy or any type of convulsions | |

I also certify that the applicant has not suffered from the above mentioned diseases.

Date: _____

Place: _____

Signature of the Civil Surgeon with
Office seal and Full address

Signature of applicant

Attested by

Signature of the Civil Surgeon

ANTI-TETANUS INJECTION CERTIFICATE

Name of the applicant _____ Blood Group: _____

Son/daughter of Shri _____
(Name of father)

Address: _____

I, Dr. / Clinic _____

Situated at _____

Has administered Anti tetanus injection to the above applicant.

Date: _____

Place: _____

Signature of the Doctor with Office
seal

Signature of Applicant

**This certificate is valid for admission in Training courses conducted by
MSME TECHNOLOGY CENTRE BHIWADI**