



Hahnemann Charitable Mission Society

ISO 9001-2000 Certified Organization
J-890, Phase III, Sitapura Industrial area, Tonk Road,
Jaipur, 302022, Rajasthan (India)
Ph no: 0141-5139005, Fax:- 141-2763514
Mail ID: info.hcms@gmail.com, info@hcms.org.in

REGISTRATION FORM

Sr. No

Date

Name:

Paste your recent
Passport size self
Attested coloured
Photograph

Father's Name/ Husband's Name:

Permanent Address:

Post: Village: city.....

State: Pincode:

Date of Birth: Education:

Professional Qualification and Experience:

Caste: Religion:

E-mail Contact:

Contact No: Home: Mobile: Alternate No:

Training Course:

Training Dates:

Specialization in Agriculture:

Occupation:

What is Your Approximate Annual Income?

Why interested to get registered with us (Give in Full Detail):

.....

Brief about Yourself:

.....

.....

.....

How do you know about HCMS?

.....

Send us below mentioned documents along with the filled up application form to us:

1. Documents related to Education
2. Experience Certificates
3. **Residential Proofs**

TERMS & CONDITIONS

1. Registration fee of the candidate will be non-transferable and non-refundable
2. All expenditures in connection with availing training course shall be borne by the candidate only
3. Registration fee will be acceptable online , Paytm or by Demand Draft payable in favour of
HAHNEMANN CHERITABLE MISSION SOCIETY, Jaipur A/c No. 303101901160002,
Corporation bank, Location: Sitapura Industrial area,Jaipur(Raj.) RTGS/NEFT
IFSC Code :CORP0003031
4. All matters shall be subject to Jaipur Jurisdiction only
5. All rights are reserved with the organisation
6. Candidate must keep in touch with head office by phone or personally after registration, otherwise in any manner organisation will not be responsible for any loss

DECLARATION

I have gone through all terms and conditions related to registration and I accept the same. I will pay all the expenditures and fulfil the formalities by myself. I'm handing over all relevant documents wilfully, which are true and correct. I'm hereby furnishing all these details after getting fully satisfied of Training course.

(Name & Signature)

Trainee.....

Date.....