

REGISTRATION FORM
Central Detective Training Institute, Kolkata
(To be filled by Trainee Officer)

Name of the Course:

From:

To:

SL.NO.	Particulars	Details
1.	Name (In Capital Letter)	
2.	Gender (√)	M <input type="checkbox"/> F <input type="checkbox"/>
3.	Rank	
4.	Name of the Organisation	
5.	Place of Posting	
6.	Name, designation & Postal address of the controlling officer	Name:
		Designation/Rank:
		O/O the
		PO:
		Distt:
		Pin Code:
7.	Age (Date of birth)	
8.	Mark of Identification	
9.	Home Address present with near relative (i.e. wife, parent & brother etc.) & telephone No.	Name:
		Village:
		PO:
		Distt:
		Pin Code:
10.	Educational qualification (Including optional subject)	
11.	Date of joining in the Police Force	
12.	Name of the Training Courses done so far	
13.	Nature of Police Work done up to date (Give details of the Station charge etc.)	
14.	Expectation from this course	

Date:

Signature of the Trainee Officer:

E-mail-

Mobile No: