

**REGISTRATION FORM**  
**Central Detective Training School. Kolkata**  
 (To be filled by Trainee Officer)

**Name of the Course:**

**From:**

**To:**

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

Date:

Signature of the Trainee Officer: