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| **APPLICATION FORM FOR APPRENTICESHIP IN ITR, CHANDIPUR**  **Annexure-A** | | | | | | | | | | | | | | |
|  | Advertisement No. | | | | : ITR/HRD/AT/09/2024 | | | | | | | Please  affix a  recent  passport size  Photograph | | |
|  | NATS Enrollment No. | | | |  | | | | | | |
|  | Types of Apprentice  (Graduate/ Technician(Diploma)) | | | |  | | | | | | |
|  | Branch/Discipline/Subject | | | |  | | | | | | |
|  | Applicant Name in block letters | | | |  | | | | | | |
|  | Father’s Name/ Husband’s Name | | | |  | | | | | | |
|  | Date of Birth: | | | | 1. Nationality:- | | | | | | | 1. Aadhaar No: | | |
|  | Category:  (UR/SC/ST/OBC/EWS) | | | | 1. Gender:   (Male/Female/Transgender) | | | | | | |
|  | Are you Physically Handicapped? | | | |  | | | | | | | | | |
|  | Correspondence Address:  (in Block Letters) | | | |  | | | | | | | | | |
|  | Permanent Contact Address:  (in Block Letters) | | | |  | | | | | | | | | |
|  | E-mail Address: | | | |  | | | 1. Mobile No./ Alternative No. | | | | |  | |
|  | Educational Qualification Details (Self-attested copies to be enclosed) | | | | | | | | | | | | | |
|  | Exam Passed | Name of Board/University | | Year of Passing | | Subject/ Branch | Mark Details | | | | | | | Division/  Class/Grade |
| Full Marks | | Marks Secured | | % of Marks | | |
| X |  | |  | |  |  | |  | |  | | |  |
| XII |  | |  | |  |  | |  | |  | | |  |
| Diploma |  | |  | |  |  | |  | |  | | |  |
| B.E/B.Tech  /BBA/B.Com |  | |  | |  |  | |  | |  | | |  |
| DECLARATION  I understand that the post applied for, by me is purely a temporary one and hereby declare that the statements made and information furnished in the application are true, complete and correct to the best of my knowledge & belief. | | | | | | | | | | | | | | |
| List of Enclosures: (Put Tick Mark)  **i.10th  Certificate & Mark sheet**  **ii. 12th Certificate & Mark sheet**  **iii. Diploma Certificate & Mark sheet**  **iv. B.Tech /BBA/B.Com Certificate & Mark sheet**  **v. Caste Certificate**  **vi. Identity Proof** | | | | | | | | | | | | | | |
| Place: | | | For Office Use Only | | | | | | | Signature of the Candidate | | | | |
| S.No. | | | | | | |
| Date: | | |
| Signature of the official | | | | | | |