SARASWATI PRIVATE INDUSTRIAL TRAINING INSTITUTE

Skill India
कौशल भारत - कुशल भारत

Industrial Training Institute

REGISTRATION / ADMISSION FORM FOR SESSION

Date:…….

Form No:……..…

APPLICANT MUST FILL THIS FOR IN HIS OWN HAND WRITING

Affix Recent Passport Size Photograph here

1. Name of the Candidate:-……

2. Name of Father/Guardian:-……

Occupation …….. Monthly Income……..

Employer/Business Address ……

3. Name of Mother:-……

Occupation …… Monthly Income……

Employer/Business Address ……..

4. Permanent Address:-……

……..

5. Present Address:-……

……..

6. WhatsApp No…… Email ID……..

7. State Counseling :- Yes ☐ **No** ☐

8. Aadhar No:- ☐☐☐☐☐☐☐☐☐☐☐☐

9. Contact No:- Self ☐ **Parents** ☐

10. Age & Date of Birth: ……..……..Year……Month……Date……

11. Caste (SC/ST/OBC/GEN) ☐ **Sub caste** ☐

12. Scholarship Apply :- **YES** ☐ **NO** ☐

13. Sex :-

Male	Female

14. Nationality:- Indian

15. Mention the Trade Name in which Admission Sought:-

(i) ITI COPA ☐ **(ii) ITI electrician** ☐

(ii) Health Sanitary Inspector (HSI) ☐ **(iv) M.D. Homoeopathy** ☐

(v) Fire Technology and Industrial Safety Management ☐

Sl. No	Class	Name of Board	Roll No	Passing Year	Name of School	%
01						
02						

(Declaration)

I hereby declare that the information as given above are correct to the best of my knowledge and belief. I further declare that in the event of any information being false or incorrect; my Candidature/Course is liable to be rejected / canceled.

Father/ Guardian **Candidate Signature**