FORMAT OF APPLICATION

Group Applied for ABBBOTH A & BCDD Name of the ITI								
1.	Name of the Candidate (in capital letters)							
2.	Fathers Name/Husband Name(in capital letters)							
3.	Mothers Name (in capital letters)							
4.	Date of Birth (dd/mm/yyyy) (attach self-attested certificate)	dd/mm/yyyy 5. Nationality						
5.	Category (attach self-attested certificate for categories other than General)	GEN SC ST PH (40% & ABOVE) Ex-Serviceman (please mark in the appropriate box)						
6.	Address for Communication (attach self-attested certificate) [PRTC / VOTER ID / AADHAAR]	Contact No.						
	Marks obtained in Madhyamik / Class-VIII	Marks Obtained	Total Marks	Percentage o Marks (in %)	" .	/Jadhyamik e	atics & Scien examination No	ce were there in
7.	** In case Group applied is "D" please fill the particulars in respect of Class-VIII only.							propriate box)
	(attach self-attested certificate of Mark sheet and Pass Certificate & Progress Card in case Group applied is "D")							
8.	Name of the Board/School	9. Year of Passing						
10.	Whether undergone training at any ITI(If yes, attach PNTC/NTC)	Yes No If yes, mention the name of ITI: Yes Year of Passing:						
<u>DECLARATION:</u>								
I hereby declare that the information furnished above is true to the best of my knowledge. If any information is found to be incorrect, then any legal action may be taken against me.								
Signature of Guardian Signature of Candidate								
Ser	al No	OFF	OFFICE USE ONLY			s To	otal Marks	Percentage of Marks (in
Mar	ether the application is complete in a	d				ed		%)
Whether the Board is recognized by Govt. of Tripura Candidature considered/not considered (please tick)								
Signature of Verifying Official								
ACKNOWLEDGEMENT								

Application Received on at Serial No at Serial No