

Registration form for Apprenticeship Training

S. No	Field Name	Field Description
PERSONAL DETAILS		
1	Name*	
2	Gender(Male/Female)	
3	Date of Birth(DD/MM/YYYY)*	
4	Father or Guardian Name	
5	UID /Aadhar Number*	
6	Spouse Name, if applicable	
7	Category(Gen/SC/ST/OBC)*	
8	Is Person with Disability(Y/N)	
CONTACT DETAILS		
9	Address	
10	District	
11	State	
12	Pin Code	
13	Contact Number	
14	Email ID	
15	Bank Account no with IFSC code*	
16	Bank Name and Branch	
EDUCATIONAL QUALIFICATION		
17	Marks in 10th (Percentage)*	
18	Marks in 12th (Percentage)*	
19	Whether ITI Passout (Y/N)	
20	If Yes, Name of the Institute from where ITI passed	
21	Name of the Board/Council(SCVT/NCVT)	
22	ITI Certificate No*	
23	ITI Trade	
24	Industry preference where applicant want to do apprenticeship training	
25	Location Preference (District)	
		Signature of Applicant
		* Self attested scanned copies of Date of Birth certictae , Aadhar Card, Bank Account Proof, Education Qualification, along with this form to be sent on email: app.registration@gmail.com