

II. EDUCATIONAL DETAILS

A. General Qualification

10 th	12 th
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B. Professional Education

NTC	NAC	Diploma	Graduate	Post Graduation	Non Professional
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III. CONTACT DETAILS

Corresponding Address : _____

Permanent/ Home Address :
**District**.....**State**.....

Telephone E-mail
 Alternate mail Id
 Mobile PIN code

DECLARATION

I declare that the entries made by me in this form are true to my knowledge and I understand that I am liable for action under the law for any false information or document produced by me. I agree to comply with all the requirements applicable for assessment/testing and to supply any information needed for the evaluation. I also understand that the training centre shall be free to investigate on its own into the correctness of Information furnished by me in this application and/or call for any further information in this regard by me. During such investigation or at any subsequent stage, training head office may refuse to issue the Certificate or if already issued may cancel the same and I shall stand debarred from appearing in the Training / assessment.

DATE:

SIGNATURE OF CANDIDATE

PLACE:

NAME