

IN-COUNTRY TRAINING REGISTRATION FORM – 2019

[IMPORTANT: Complete the Form very carefully. Use CAPITAL LETTERS and LEGIBLE writing]

I. Personal information of the applicant:

Name of Applicant		Sex																																											
Citizenship ID Card No.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						Date of birth	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
Applicant's Contact number																																													
Fixed line	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						Mobile No.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
Email ID:																																													

II. Contact Address: (for use by the office/institute from January 2019):

Name of Parent/guardian		Relationship																						
Present address																								
Contact No.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																							

III. I have attached the COPY of following documents with this Registration Form as stated:

1. Academic:
 - a. Class X Marksheet
 - b. Class X Pass Certificate
 - c. School Leaving Certificate
 - d. Character Certificate
2. Citizenship ID Card Copy
3. Security Clearance
4. Medical Certificate (most recent)
5. Any other requirements as per the selection criteria.

I, hereby confirm that the information I have provided above are correct/accurate. I understand that my application for selection to a program is liable to be rejected in the event the information I provided above is incomplete or incorrect.

Date	
------	--

Signature of the Applicant

<i>For official use only:</i>	
Additional documents to be submitted	
Any other comments on the documents submitted	

Form received and Registration No. issued by:	Registration No.: <i>(Number shall be Institute/Date/Serial Number)</i>	
Signature and Name with Date		