

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></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></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></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></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></tr> </table>																						

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

1. Academic:
 - a. Statement of Marks for class X and XII (For those who completed class XII).
 - b. School leaving certificate.
2. NC II Certificate
3. Citizenship ID Card.
4. Security Clearance Application ID No. Date of Application
5. Medical Certificate (most recent).
6. 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	
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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		