**IN-COUNTRY TRAINING REGISTRATION FORM -2021**

[**IMPORTANT**: Complete the Form Very Carefully. Use CAPITAL LETTERS and LEGIBLE writing]

1. **Personal Information of the Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Applicant** |  | **Sex** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Citizenship ID Card No.** |  |  |  |  |  |  |  |  |  |  |  | **Date of Birth** |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Applicant’s Contact number** |
| **Fixed Line** |  |  |  |  |  |  |  |  |  | **Mobile No.** |  |  |  |  |  |  |  |  |
| **Email ID:** |

1. **Contact Address: [for use by the office/Institute from October 2021]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Parent/Guardian** |  | **Relationship** |  |

|  |
| --- |
| **Present Address:** |
|  |
| **Contact No.**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **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. National Certificate Level 2 Certificate [only those applying for NCIII)

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** |  |  | **Signature of the Applicant** |

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| ***For official use only:*** |
| Additional documents to be submitted |  |
| Any other comments on the documents submitted |  |

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| --- | --- | --- |
| **Form Received and Registration No. issued by:** | **Registration No.:*****(Number shall be Institute/Date/Serial Number)*** |  |
| **Signature and Name with Date** |