|  |  |  |
| --- | --- | --- |
|  | **SHRI RAWATPURA SARKAR PRIVATE INDUSTRIAL TRANNING INSTITUTE**AARI JHANSI U.P.Email id: sritiaari@gmail.com Website-www.sscaari.org | Affix your latest Passport size photo(35mm X 33mm)Do not use Staple |

* **Tick on the appropriate options**

|  |
| --- |
| **Registration/Admission Form of I.T.I–**  |
|  |
| **1.** | **Name (In BLOCK Letters): As per High School Certificate**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **In English**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |
|  |  |
| **2.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth:**  |  |  | **DD** |  |  |  | **MM** |  |  |  |  |  | **YY** |  | **3. Sex** | **M** |  | **F** |  |

 |
|  |  |
| **4.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Branch/Course:**  | **ELECTRICAL** |  | **FITTER** |  **Welder**  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |
|  |  |
| **5.** | **Domicile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. /Mob.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| **6.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category:** | **GEN** |  |  | **SC** |  |  | **ST** |  |  | **OBC** |  |  |  |  |  |  |  |  |  |

 |
|  |  |
| **7.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Blood Group:** | **A** |  |  | **B** |  |  | **AB** |  |  | **O** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Rh: Positive[+]** |  |  |  | **Rh: Positive[-]** |  |  |  |  |  |  |  |  |  |  |  |  |

 |
|  |  |
| **8.**  | **Educational Qualification:** |
| **Exam** | **Board** | **Year of Passing** | **Div.** | **Marks** | **Obtain/Max.****Marks** | **Aggregate %** |
| **Physics** |  | **Maths/Biology** |
| **High School** |  |  |  |  |  |  |  |  |
| **Intermediate** |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **9.** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appeared/Qualified in:** |  **PPT (Polytechnic -2015-16)** |  |  |  | **If other, please specify** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **If yes, please write Roll No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

 |
| **10.** | **Scholarship / Distinction / Honors’ / Award obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(if any)** |
| **11.** | **Father’s Name :****Occupation:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. /Mob.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **12.** | **Mother’s Name :****Occupation:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. /Mob.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **13.** | **Permanent** **Address:****Tel. /Mob.:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **14.** | **Local Guardian’s****Name and Address:****Tel. /Mob.:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **15.** | **Annual Income of Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **16.** | **Extracurricular activities that you have participated or interested in (with level of participation):****Sports/Any National level program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**I hereby declare that I have read and understood the conditions of eligibility for the program in which I am going to take part. If I withdraw from the same program then I will not be liable for fee refund. I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the Institute. Further, I declare that I am participating in this course at my own interest.**

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (Signature of the Applicant) (Signature of the Guardian)**

 **(Signature of the Admission Officer) (Signature of the Principal)**

**Documents Required In Original**

|  |  |  |
| --- | --- | --- |
| **9.** Caste Certificate |  |  |
|  |  |  |
| **10.** Income Certificate |  |  |
|  |  |  |
| **11.** Domicile Certificate |  |  |
| **12.** Aadhar Card13.PPT Result Copy14.dTEMPcON.Dtail |  |  |

|  |  |  |
| --- | --- | --- |
| **1.** X Standard Mark Sheet |  |  |
|   |  |  |
| **2.** X Pass Certificate |  |  |
|  |  |  |
| **3.** XII Standard Mark Sheet |  |  |
|  |  |  |
| **4.** XII Pass Certificate  |  |  |
|  |  |  |
| **5.** Transfer Certificate |  |  |
|  |   |  |
| **6.** Character Certificate |  |  |
|  |  |  |
| **7.** Medical Certificate |  |  |
|  |  |  |
| **8.** Gap Certificate |  |  |