|  |  |  |
| --- | --- | --- |
|  | **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 Card  13.PPT Result Copy  14.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 |  |  |