



CMCE (P) ITI

NO.

(A Unit of Saraswati Foundation. Regn. No. IV-58.)

Affiliated to NCVT, Govt of India. Affiliation No. : DGT-6/34/3/2016-TC

CMCE Campus, Chira Chas, Bokaro - 827 013, Jharkhand, India. www.cmce.ac.in

ADMISSION FORM (Session : August 2017-18-19)

NAME OF THE TRADE :

Duration : 2 Years

MODE : Normal Mode / Dual Mode (Dual System of Training)

1. Name of the Student :

2. Father's Name :

3. Mother's Name :

4. D.O.B. : 5. Gender : Male / Female

6. Religion : 7. Nationality :

8. Category & Caste : 9. Language Known :
(Enclose Photocopy of SC/ST/OBC Certificate)

10. Aadhar No. : 11. One Visible ID Mark :
(Enclose Photocopy of Aadhar Card)

12. Qualification (Enclose Self Attested Photocopies of Marksheet & Pass Certificate and Original SLC/CLC) :

Qualification	Board	Subject	Year	% Marks
Class X / Matric				

13. Address :

14. Mobile No. :

Declaration

I hereby give my consent for joining the course. I am fully aware about the course, its recognition and utility. I have also read and understood all the terms and conditions mentioned in the prospectus and accept all such terms and conditions. I shall give more than 80% of attendance in the training and will not discontinue the course. I shall maintain discipline and abide the rules, regulations and instructions of CMCE (P) ITI . I know, understand and declare that CMCE Private ITI is Affiliated to National Council for Vocational Training (NCVT), DGT, Govt of India and all the rules, regulations and guidelines of NCVT, DGT, GOI and State Government shall be binding on me at any stage of the course.

Date : Signature of the Student : Signature of Father / Mother / Guardian :

To be filled-in by CMCE (P) ITI OFFICE

Roll No. : Industry Partner Name (in case of DST) :

NCVT Registration No: Industry Partner Name (in case of CSR/Sponsorship) :

Checked by : **Seal** Signature of Principal Signature of Director