Directorate General of Training

GOVERNMENT OF INDIA
MINISTRY OF SKILL DEVELOPMENT & ENTREPRENEURSHIP
NATIONAL SKILL TRAINER'S INSTITUTE
SION, MUMBAI – 400 022

Skill India
कौशल भारत - कुशल भारत

APPLICATION FORM FOR REGISTRATION : AVTS COURSE

1. Name (In Capital letters) : _____

2. Participant's Father Name : _____

3. Male/Female :_____ ST/SC/OBC/Gen/Others:_____ Date of birth/age :_____

4. Local Address_____

5. Permanent Address _____

_____**Mobile No.**(Self)_____Local Contact No._____

6. E-mail: _____

7. **Academic Qualification** (SSLC/HSC/B.Sc.) & **Technical Qualification** (NTC/NAC/DIPLOMA/DEGREE in Engineering Field):-

Class / Std. Passed	Year of passing	Name of Board / University

8. **AVTS Short-term Course in which admission is sought** (Separate Application is to be made for each course):-

Name of the Course and code	Duration in Weeks	From	To

9. **For Deputed Candidates** :-

Name of Employer /organization with address	Designation	Signature of sponsoring authority with stamp

10. **For Final Year Engineering Students** :-

Name of Institute / Engineering College with address	Certified that candidate is a bonafied student of this College / Institute and nominated for the training
	Signature of HOD / Principal with Seal

11. Whether Hostel Accommodation required : YES / NO if yes from _____ to _____

Date : _____ Place : _____ Signature of Applicant _____

NOTE :-
Enclosures with this form: SSC/ HSC Marksheet, NTC/NAC/Diploma/Degree Final year Marksheet & Aadhar Card

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FOR OFFICE USE (Part I)

Registration No. ☐☐☐☐ Date : _____

Recommended / Not Recommended Section In-charge

Confirmed / Not Confirmed DDT (AVTS In-charge)

FOR OFFICE USE

(Part -II)

Shri / Mrs. / Miss _____

The following fees is to be collected from him/her.

1. Course Fee : Rs._____
2. Registration Fee : Rs._____
3. Hostel Rent : Rs._____

TOTAL : Rs. _____

Signature of Training Assistant (AVTS)

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(PART – III)

To be filled by the Cashier

Received Rs._____ (Rupees _____)

only on account of (1) to (3) above vide Receipt No. _____ dated _____ .

Signature of Cashier