



TECHNICAL TRAINING INSTITUTE  
HINDUSTAN AERONAUTICS LIMITED  
Vimanapura PO, Bengaluru-560017  
Ph: 080-22322516/3358/3250  
E-mail:tti@hal-india.co.in



**Skill India**  
कौशल भारत - कुशल भारत

**APPLICATION FOR FULL TERM APPRENTICESHIP PROGRAM UNDER HAL-CSR**

1.	Name of the Applicant in CAPITAL LETTERS ( <i>as per SSLC/10<sup>th</sup> marks card</i> )		<i>Paste your recent passport size photograph</i>
2.	Date of Birth and Age as on 01-10-2022		
3.	Gender ( <i>please (√) mark</i> )	Male/Female	
4.	Father's/Guardian's Name, Occupation and Annual Income		
5.	Mother's Name, Occupation and Annual Income		
6.	Total Annual Income of Family		
7.	Are you BPL/Anthodaya ration card holder ( <i>Yes/No</i> ), if yes, card no. ( <i>please attach copy of the card</i> )		
8.	Total marks scored in SSLC/10 <sup>th</sup> or equivalent examination and percentage of marks ( <i>please attach mark sheet copy</i> )	Marks scored: _____ Total Marks : _____ Percentage of Marks: _____	
9.	Category ( <i>please (√) mark</i> ) ( <i>please enclose relevant certificate in case of OBC/SC/ST/PwD</i> )	GEN/OBC/SC/ST/PwD	
10.	Are you orphaned due to COVID-19 pandemic/Single parent child ( <i>Yes/No</i> ), if Yes attach proof		
11.	Postal address for correspondence with PIN Code		
12.	Contact Telephone Nos	Mobile1: Mobile2: Land line:	
13.	Aadhar card No.		
14.	E-mail ID		

Declaration

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief.

Date

Signature of applicant