



THDC INDIA LIMITED
(A Joint Venture of Govt. of India & Govt. of U.P.)
(A MINI RATNA COMPANY)

Bhagirathi Bhawan, Pragatipuram, Bypass Road, Rishikesh-249201

Apprenticeship Trade Applied For : Advt. No. 01/2022

A. PERSONAL DETAILS: 1. Name (as appears in SSC certificate)

Please put a space between your first name, middle name (if any) and last

2. Name

3. Enrolment/registration no. as Indicated in web portal
www.apprenticeshipindia.org

4. Father's Name

4. Date of Birth DD MM YYYY

5. Age as on closing Yr Month Days date Sex: (Write)

6. State of Domicile

7. Name of Tehsil:

B. CORRESPONDENCE ADDRESS:

City/ Town: State Pin Code

E-Mail Id : Telephone Number

C. PERMANENT ADDRESS:

City/ Town: State Pin Code

E-Mail Id : Mobile Number

ACADEMIC PERFORMANCE:

Basic Qualification – Matriculation onwards :

Exam Passed	Institution/ University/ Board	Subjects studied/Branch of Specialization	Duration of Study	Month & Year of passing (MM/YYYY)	Aggregate % of Marks*	Full Time/ Part Time/Correspondence

1. Professional Qualifications (ITI Qualification) (Please mention qualification which make you eligible)

Exam Passed	Institution/ University/ Board	Subjects studied/Branch of Specialization	Duration of Study	Month & Year of passing (MM/YYYY)	Aggregate % of Marks*	Full Time/ Part Time/Correspondence

*If is any Cumulative Grade Average (CGPA)/ please convert it to % of Marks) and enclose conversion certificate.

D. Category: GEN/SC/ST/OBC/Ex-ser

E.Are you physically handicapped (Yes/ No?)

If yes please mention the details as follows: Type of handicapped:

VH	HH	OH
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Extent of disability as specified in the disability certificate:

F. Have you ever been convicted by any court of law or any disciplinary proceedings/enquiry is pending against you or any penalty has been imposed upon you? If yes, give details. **YES/NO**

G. Have you undergone apprenticeship training earlier? Yes/ No

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H. Do you belong to Doob Kshetra/Partial Doob Kshetra/Project Affected Family.
(If yes enclosed certificate as proof.)

Declaration:

I affirm that the information given in this application is true and correct to the best of my knowledge and belief. I further undertake that if at any stage it is discovered that an attempt has been made by me, will fully to conceal or misrepresent the facts, my candidature/ appointment shall be summarily rejected or terminated without any notice.

Date:.....

Signature:.....

Place:

Name:

Enclosure:

1. Proof of SC/ST/OBC/PWD/Ex- Servicemen/State Domicile Certificate. In case of OBC, Non- Creamy Layer Certificate – if applicable.
2. The candidates should also enclose attested/self- attested certificates in support of age, educational qualifications, Mark sheets, experience certificate etc. along with their applications.
3. Certificate of Domicile issued by Competent Authority.