


**UNDERTAKING**

I submit that, I \_\_\_\_\_ Son / Daughter of \_\_\_\_\_

Declare that I am in good state of health and all the above information is true and correct and Information is not will fully suppressed or omitted. Further, I am not involved in any criminal /Civil cases/ Proceedings.

Place:

  
Signature of candidate

Date:

## Application Form for Apprenticeship Training in MeECL

1. Full name (in Capital Letters and Please do not use any initials)

--	--

2. Date of Birth :-

Year	Month	Date

3. Place of Birth :-

Village / Town	Police Station	District	State

4. Father's / Mother's Name:-

*(Please do not use any initials)*

--	--

5. A. Permanent Address in full :

B. Present Address in full :


6. Contact Number:

7. Alternate Contact Number:

8. Apprenticeship applied for [Degree in General Stream]:

B.A/B.SC/B.COM:

9. NATS Enrolment Number:

The Candidate must get himself / herself enrolled/ registered with Board of Practical Training through online enrolment at BOPTER in [www.portalbopter.com](http://www.portalbopter.com) and poses a valid enrolment ID generated after successful enrolment within a specific period of three years of passing qualifying examination.

[www.portalbopter.com](http://www.portalbopter.com)



Click Student Enrolment

10. Educational Qualifications:

(i) Name of Institution & Address:

(ii) Date of Passing [2021/2022/2023] :   
*(Candidates who passed the qualifying examinations before the year 2021 are not eligible)*

(iii) Percentage of Marks obtained (overall):   
*[CGPA/Grade or any other form are to be converted to percentage, else application will be summarily rejected]*

11. Are you a member of SC / ST ?, If yes, indicate accordingly