



THDC INDIA LIMITED

(Schedule -A, Mini Ratna, PSU)

Bhagirathi Bhawan, Pragatipuram, Bypass Road, Rishikesh-249201

Apprenticeship Trade Applied For :Advt.No.01/2023

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.gov.in

4. Father's Name

5. Date of Birth

DD		MM		YYYY				
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6. Age as on closing date

Yr		Month		Days		
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Sex:(Write

7. State of Domicile

8. 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

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[Signature]

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. Currently are you taking any apprenticeship training or 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.)

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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.

