

APPLICATION FORM FOR APPRENTICESHIP TRAINING ADVANCED SYSTEMS LABORATORY (ASL)

Dr. A.P.J. Abdul Kalam Missile Complex
Defence Research & Development Organization
PO Kanchanbagh, Hyderabad - 500 058
Advt. No. ASL/HRDG/2024/APPR/01

Affix recent Passport Size Photograph

| 1 | Name of the Car | ndidate | | | | | | |
|-------|--|---------------|-------------|---------|----------|---------|---------|------------|
| 2 | Apprentice Cate | egory | | | | | | |
| | (Graduate Apprentice / Technician | | | | | | | |
| | Apprentice / Trac | de Apprentice | e) | | | | | |
| 3 | Discipline | | | | | | | |
| | (As per Advertise | | | | | | | |
| 4 | NATS Registrat | | | | | | | |
| | (Applicable for E | | | | | | | |
| _ | candidates) | · /E II | 4 37 | | | | | |
| 5 | NAPS Registration / Enrollment No. (Applicable for ITI candidates) | | | | | | | |
| 6 | Aadhaar No. of | | 8) | | | | | |
| 6 | | Canuluate | | | | | | |
| 7 | Father's Name | | | | | | | |
| 8 | Mother's Name | | | | | | | |
| 9 | Gender | | | | | | | |
| 10 | Nationality | | | | | | | |
| 11 | Date of Birth (DD-MM-YYYY) | | | | | | | |
| 12 | Reservation Cat | tegory (UR/S | SC/ST/OBC) | | | | | |
| 13 | Mobile No. (Aa | dhaar Linke | | | | | | |
| 14 | E-mail ID (as pe | er NATS/NA | PS Portal) | | | | | |
| 15 | Present Address | | | | | | | |
| | | | | | | | | |
| 16 | Permanent Add | ress | | | | | | |
| - | | | | | | | | |
| 17. | Educational Qu | alification. | | | | | | |
| Sl.No | | Board/ | Discipline/ | Year of | Class / | Maximum | Marks | Percentage |
| | Degree | University | Subjects | Passing | Division | Marks | Secured | of Marks# |
| 01 | HSC / 10 th | | J | | | | | |
| 02* | ITI / | | | | | | | |
| | DIPLOMA/ | | | | | | | |
| | BE/B.Tech | | | | | | | |
| Note: | | | | | | | | |

The marks obtained in the qualifying exam are to be mentioned in percentage. In case of CGPA, candidates are requested to convert the CGPA into percentage as per their institute/ university norms and the same will be verified during document verification.

I declare that the statement made and information furnished in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information given herein, is found to be false or incorrect or concealed before or after joining, my Apprenticeship training shall be liable to be terminated/cancelled.

| to be termin | ated/ cancelled. | - | | | | | |
|---|---|---------------|--|--|--|--|--|
| Date: | Signature of | the Candidate | | | | | |
| List of Enclosures: Mark sheets of HSC/10 th , Essential qualification and Cast/OBC Certificate only | | | | | | | |
| | Note: Incomplete application form will be rejected. | | | | | | |

^{*} In Sl. No. 2, candidates are required to fill the data of Essential Qualifications only.