S	THDC INDIA LIMITED (A Joint Venture of Govt. of India & Govt. of U.P.) (A MINI RATNA COMPANY) Bhagirathi Bhawan, Pragatipuram, Byepass Road, Rishikesh-249201						1	PASS PHOTO						
Advt. No. :	-		-	-	-	-	,	_						
Post applied	for:				•									
A. PERSON														
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1. Name														
2. Registrati														
	al <u>www.ap</u>	prentice	ship.gov	<u>.in</u>										
3. Father's	Name													
4. Date of B	irth [DD	M	M		YYYY	/							
													_	
5. Age as on	closing	Yr		Mont	h		Days			date	Sex:	(Writ	e M	
6. State of D	omicile:]	
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7. Name of	Fehsil: []	
B. CORRESP	ONDENCE	ADDRES	s:											
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D. ACADEMIC PERFORMANCE :

1. 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

2. 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. E. Category: GEN/SC/ST/OBC/Ex-ser

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

If yes please mention the details as follows:	Type of handicap:	VH	НН	ОН
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Extent of disability as specified in the disability certificate:

G. 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**

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

J. Do you have work experience of more than one year after completion of required qualification? Yes/No

G. Do You belong to Dook Kshetra/Partial Doob Kshetra/Project Affected Family of (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/engagement shall be summarily rejected or terminated without any notice.

Date:....

Signature:....

Place:

Name:	
nume.	

Enclosure:

- 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.
- 3. Certificate of Domicile issued by Competent Authority.