

FORM NO:

Government ITI Bhatar Running Under PTP
ORGRAM 2ND COLONY, ORGRAM, BHATAR, PURBA BARDHAMAN, 713128

APPLICATION FORM FOR ADMISSION FOR THE SESSION:-2023-2024

ALLOTMENT	
IMC	

(USE BLOCK LETTERS ONLY)

Date of Admission: _____

AFFIX
PASSPORT
SIZE
PHOTO

SHIFT	UNIT
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- Name of the Candidate: _____
- Father's / Guardian Name: _____
- Mother's Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Age as on 01-01-2020: _____
- Blood Group: _____
- Identification Marks: _____
- Religion: _____
- Caste: _____
- Sex: _____
- Sub Caste: _____
- Marital status: _____

ADDRESS

12. VILL _____ P.O _____ P.S _____

DIST _____ PIN _____ STATE _____

13. Address for Correspondence: _____ DO _____

14. Contact No. : Candidate _____ Guardian _____

15. Email ID (if any): _____

16. Aaddhar Card No. : _____

17. Name of the Trade Applied for: _____

18. Marks of 10th / VIII Examination (as applicable):

Name of the Exam. Passed	Board/ Council	Year of Passing	Full Marks	Marks Obtained in				Total% of Marks in Aggregate
				Grand Total	Math.	Phy. Sc.	TOTAL	

19. Father's/ Guardian's Occupation: _____

20. Family Income Per month (approx.) Rs. _____

DECLARATION

I do hereby declare that the above statements given by me are true to the best of my knowledge and belief. I am fully aware of the terms and conditions of the institute and hereby promise to abide all the rules and regulations of the institute. If there is any false statement, my candidature for admission is liable to be rejected.

.....
Signature of the Candidate

.....
Signature of the Parent/ Guardian

DATE: