## GOVERNMENT OF INDIA MINISTRY OF SKILL DEVELOPMENT AND ENTERPRENEURSHIP DIRECTORATE GENERAL OF TRAINING (DGT)

## NATIONAL SKILL TRAINING INSTITUTE

Govindapuram P.O., Calicut - 673 016, Kerala

## **INSTRUCTIONS TO CANDIDATES**

 Duly completed application form and Registration fee (as applicable) in cash/ uncrossed Indian Postal Order/Demand Draft drawn in favour of The Director, NSTI, Calicut Payable at Head Post Office, Calicut along with the copies of Certificates should reach the Institute on or before the last date. (Money order/Cheque not accepted).

The last date of submitting the Application form is (Self attested copies of Certificates to be attached)

Affix recent Passport Size Photograph

## **PARTICULARS OF CANDIDATES**

1.	Name of the candidate				
2.	Sex (Male / Female)				
3.	Date of Birth & Age (In Christian Era, Certificates to be enclosed)				
4.	Address (in BLOCK LETTERS) With Phone No. & Email ID	:			
5.	Father's Name	:			
6.	Particulars of Parent/Guardian				
	i) Name & Address	:			
	ii) Occupation	:			
	iii) Relationship with candidate	:			
	iv) Annual Income	:			
7.	Do you belong to SC/ST/OBC (If yes, attach community Certificate)	:			
8.	Are you an Ex-Servicemen/Serving Jawan/ Serving Officer/Wards of Ex-Servicemen (If Yes, Attach necessary Certificates)	:			

9.	Are you Physically Handicaped ? (If Yes, : Attach necessary Certificates)								
10.	. Have you already undergone any Craftmen : Training Programme at ITI/ITC/Diploma Course/Polytechnic etc., (If Yes, give details)								
11.	Have you been debarred from any examination/: Course (If Yes give details)								
12.	Details of Qua	alifying Examination (Atta	ch Proof/Co	py of Certificate	es):				
E	Examination	Board/University	Year of Passing	% of marks obtained	Division/ Grade	Subjects			
1.				Preference of Course					
2.									
3.									
of the	s & equipment ne course. I ag	DECI  Wledge and belief. I und ts entrusted to my charg	-ARATION ertake to abi	(BY CANDIcertify that ide by the disciple of undertaking	DATE)  t the informat pline of the In y training vol	ion given above are correct to stitute and take proper care of untarily before the completion will have the right to recover or another suitable person in			
Date						ignature of the Applicant)			
		DECLAR	ATION BY	PARENT / G	UARDIAN				
l kno	wledge and be	elief. I hereby undertake	certify tha	t the information	on given abov	ve are correct to the best of my			
Sha	II abide by al	I rules and regulations ng his/her training period	of the Insti	tute and read	y to make go	ood and loss incurred by the			
Plac	e :								
Date :				(Signature of the Parent/Guardian)					