

**CTS Application Form, Session: 2022-23**  
**NATIONAL SKILL TRAINING INSTITUTE CALICUT**  
 Govindapuram, Calicut 673016 582. 0485-2742500

Appl. No

1. Trade (in which course admission required): 1<sup>st</sup> Choice: ..... 2<sup>nd</sup> Choice.....  
 3<sup>rd</sup> Choice .....
2. Applicant Name in block Letters (Ms/Mrs):.....  
 (as per 10th admit card/certificate)
3. Father's Name and Mobile Number:.....  
 (as per 10th admit card/certificate)
4. Mother's Name and Mobile Number:.....  
 (as per 10<sup>th</sup> admit card/certificate)
5. Guardian Name & Mobile Number: .....  
 (Mention relation with applicant)
6. Candidate UID (Aadhar card) number:..... 7. Nationality:.....  
 (Must be linked with valid Mobile & Email)
7. Mailing Address/Permanent:.....  
 .....Taluk:.....District:.....State:.....  
 Pin code: .....
8. Mobile No:.....Mail ID:.....  
 (Must be functional during course)
9. Qualification (Academic/Technical):

AFFIX PASSPORT  
 SIZE PHOTOGRAPH  
 (1 photo Additional)

Examinations Passed	Board/University	Year	Subject	Total Marks		% of Total Marks without optional/Additional Language
				Obtained	Out of	
8 <sup>th</sup> /10 <sup>th</sup>						
Highest						

NOTE: Please attach attested copies of Certificates & Marks Sheets of all Examinations passed as mentioned above.

10. Date of Birth (in DD/MM/YY) (As per 10th admit card/certificate).....
11. Marital Status (single or married).....
12. Category (Gen/SC/ST/OBC/PH/EWS).....(a)Person with disability (Y/N).....(b)Ex- servicemen(Y/N).....
13. Applicant's Bank A/c No.:.....Bank Name:.....IFSC.....
14. List of Enclosures: Self Attested copy of 8th/10th Mark Sheet and Certificate, Aadhaar Card, Bank Passbook copy, Certificates as proof for SC/ST caste certificate, EWS certificate & for OBC non-creamy layer certificate from Tahsildar, Ex-Servicemen Certificate from Sainik Welfare Board. Medical fitness Certificate (at the time of joining)
15. \*Reg. fee payment Ref: No:.....Date:.....
16. Vaccination Details: Fully Vaccinated  Partially Vaccinated  Not Vaccinated   
 Vaccine Name:..... if partially vaccinated mention Due Date.....

**Signature of Parent/Guardian**

**Signature of Applicant**

NOTE: Incomplete applications will be rejected and also if not accompanied with the attested copies of the relevant testimonials/Certificates/Mark Sheets. Form can also be down loaded from the website <https://nsticalicut.dgt.gov.in>

**\*Registration Fee Rs.50/- should be paid through Bharatkosh. (for fee payment Procedure please visit our website)**

**For office Use**

**Documents verified** ..... **Documents verified** .....  
**By Trade incharge:**..... **by Training Section:**..... **PRINCIPAL:**..... **Date:**.....

Cut Here.....

**National Skill Training Institute Calicut Acknowledgement for CTS Application form Session -2022-23**

**Appl.No:**..... **Reg. No**.....  
 Received Application Form from Miss/Mrs.....D/o.....  
 (Name, Father's Name & Trade to be filled by Candidate) for the Trade of.....  
 along with Reg. fee payment receipt (Gen/OBC/Other) collected by:.....Dated:.....

