

Government of India Ministry of Skill Development & Entrepreneurship Directorate General of Training

COLOUR

PHOTO

National Skill Training Institute -Calicut-Govindpuram- 673016

Application online form Link : <u>I</u> 1. Name							
2. Father's Name /Husba	and's N	: _					
	and 5 N						
3. Mother's Name		:_					
4. Date of Birth		:_					
5. Nationality		:_					
6. Whether belongs to S	C/ST/C)BC :_					
7. Permanent Address	(with P	IN Code):					
8. Email D		:					
9. Mobile No.		:					
10. Educational/Technica	al Quali	ification (star	ting from 1	0 class)			
Name of the Exam/ Degree/ Diploma& Branch/ Discipline		Board/University/ Institute		ects	Year of Passing	% of Marks obtained	
, ,							
11. Work Experience:						1	
SI. Organization/Institute		Period	From	om To	Nature of Wor		k Remarks
No. Organization/ins							
Certified that the particu & belief. If found false at as cancelled.							
Place : Date :				(Signature of Candidate) Name:			

Note: Kindly attached a self attested copy of each photo copies of certificates of qualification, experience, date of birth, category, certificate, Aadhaar card and PAN card to be enclosed.