

Website-www.citdindia.org, E-Mail-training@citdindia.org
(An ISO 9001:2015, ISO 14001:2004, 50001:2011 Certified Institution)



Hall Ticket No.	NA
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[illegible]

Day	Month	Year	Age

[illegible][illegible][illegible]

Permanent Address:																							
															PIN								

[illegible]

Others

YES ☐ NO ☐

(Attested copy of certificate to be enclosed, for SC/ST and BC/OBC category candidates)

9. Academic Qualifications

Name of Exam.	Institute / University	Month & Year of Passing	% of Marks	Division

10. Particulars of Application Fee Paid: Online/ Bank Challan / D.D. No. _____ Dt. _____

Drawn _____ Bank _____ Amount Rs. _____

DECLARATION

I do hereby declare and confirm that the particulars furnished above are correct to the best of my knowledge and belief. In case, the above particulars are found incorrect at any future date, I am aware that I am liable for any action the Institute may take against me including termination of the course without further notice and forfeiture of fee paid by me. I shall abide by the Rules and Regulations of the Institute in case of my selection to the course.

Station:

Date:

Signature of the Applicant

I shall be responsible for his / her conduct, payment of fees and good behavior during the period of the courses

Station:

Date:

Signature of Parent / Guardian

NOTE:

1. Please enclose attested true copies of the certificates issued by the competent authorities in respect of Sl. No. 2, 7, 8, 9.
2. Candidate is advised to give particulars of Application fee paid in Sl. No. 10
3. Incomplete application will be summarily rejected.

For Office Use Only

The candidate is eligible / not eligible for following reasons

1. Qualification
2. Minimum marks in the qualifying exam
3. Age
4. Caste Certificate
5. Any other (Specify)

Application Accepted / Rejected

Dy. Director (Trg./APCU)