

Application Form

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|---|---|
| Candidate Name : | |
| Gender: | |
| DOB: | |
| Father's Name : | |
| Mother's Name : | |
| Last Class Passed With Percentage | |
| Address: | |
| Contact No. | |
| Alternative Contact No. | |
| Course You Have Applied For (Please Tick) | 1.Electrician 2.Fitter |

Sign. Candidate

Auth. Signatory