HI-TECH VOCATIONAL TRAINING CENTRE

(An Indo – Italian Project) Govt. of N.C.T. of Delhi Okhla Industrial Area, Phase – II, New Delhi – 110 020

ADMISSION FORM

1.	Course app	olied for	:					
2.	Last Date of submission :							
3.	Date of Interview / Written Test : Three days before the Starting date of above course.						e.	
	For office Date of re						your	
	Sign :					PHOIC	ograph	
4.	Name in fu	II (Block Lette	ers)					
5.	Complete Postal Address: Phone, if any:							
	Phone, if a	ny:		· · · · · · · · · · · · · · · · · · ·				
6.	Date of	Birth Plac	ce of Birth		Age	Nationali	ty	
7. 8.	(Attach documentary evidence)							
9.	Particulars	of Qualifying	Examination:					
	xam assed	Name of Univ./ Instt.	Year of Passing	Class / Divn	. %age Mark	e of s	Subject	

Membership of any	Professional Ir	nstitute, if any	' :		
2. Experience (in chro	nological order	· please):			
Name of Employer			Nature of duties	Salary drawn	
			olication? :		
4. Name & Address o employed)	f your current E	imployer (if e	mployed) or setup (if se	elf	
. Are you being sponsored / nominated by your Employer for the applied course? :					
6. Any further relevant information you want to furnish here:					
7. I do hereby affirm to of my knowledge a		urnished part	iculars are true to the b	pest	
Place : Pate :			Applicant's S	signature	
			nal certificates / letter of eets may be attached.	sponsorship, if any.	

10. If applied for admission earlier or attended some other course, give

- 3. Furnishing of wrong information will disqualify the candidate from admission.
- 4. Candidates have to abide by the Terms & Conditions of training conducted by this Centre.
- 5. For selection, the centre may conduct Written Test / Interview.
- 6. Candidate must produce original certificates for verification at the time of selection.

EMPLOYERS SPONSORSHIP / NOMINATION

The applicant employed with (Name	& Address	of employer)		is
(Designation) for admis	sion	in	(Trg.	as may be considered Prog.) conducted at this
Centre from (Date)	·			
The fees towards the abo	ve programme i Drawee Bank 8	s enclosed as deta & Branch	Value	Date
Place: Date:			(Signatui	anisation / HOD re & Stamp)
	<u>Intervie</u>	w / Screening Tes	<u>st</u>	
General Aptitude Relevant Exposure Overall Grading Qualified for admission	: : :			
Screening / Interview Cor	nmittee member	rs		
1				
2				
3				
Grading through	a) Mid Term	Evaluation:		
	b) Final Eval	uation :		
Certificate issued on :			Trair	ning Incharge

ACCOUNTS DEPARTMENT

1.	Name of the applica	-						
2.	Training Programme	_						
3.	Duration (Weeks) : _	_						
4.	Prescribed fees :	_						
5.	Mode of payment (Cash / Demand Draft) :							
D	emand Draft No.	Date						
Da	te:			Signature AM (Accounts)				