# APPLICATION FORM

| | **GOVT. TOOL ROOM & TRAINING CENTRE** | | |
|---|---|---|---|
| GT&TC logo | Centre : | | Affix PHOTO (passport size) |
| | Course : | | |
| | Duration : | | |

Application No. :

NOTE: Fill all the particulars in BLOCK LETTERS and enclose photocopies of relevant documents

| NAME (As per 10<sup>th</sup> Std. Marks card) | |
|---|---|
| Gender | |
| Date of Birth / Age | |
| Father's / Mother's / Guardian's Name | |

| Educational Qualification: [Please tick in appropriate box] | | Branch | Completed ☐ | Not Completed ☐ |
|---|---|---|---|---|

| Year of passing | |
|---|---|
| Aadhar Card Number | |

| Category [Please tick in appropriate box] | SC | ST | I | IIA | IIB | IIIA | IIIB | GM | PCC |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| Work Experience, if any | |
|---|---|
| Address for Communication | |
| State | |
| Phone number Land line with STD Code / Mobile : | |
| Email Id: | |

Date:        Signature of Candidate        Signature of Parent/Guardian

<u>For Office use only</u>

Course fee: Rs.                                    Date:

Remarks:

Receipt No :        Amount:        Clerk/Staff        Principal/In-charge Officer