

# K.D.M. (P) INDUSTRIAL TRAINING INSTITUTE

MAU, MORADABAD-CONTACT No:-9319368801

AFFILIATED BY :- NATIONAL COUNCIL FOR VOCATIONAL TRAINING



## REGISTRATION / ADMISSION FORM FOR SESSION- 2022-2024

Form No:.....

Date:.....

APPLICANT MUST FILL THIS FOR IN HIS OWN HAND WRITING

1. Name of the Candidate:-.....
2. Name of Father/Guardian:-.....  
Occupation ..... Monthly Income.....  
Employer/Business Address .....
3. Name of Mother:-.....  
Occupation ..... Monthly Income.....  
Employer/Business Address .....
4. Permanent Address:-.....  
.....
5. Present Address:-.....  
.....
6. WhatsApp No..... Email ID.....
7. State Counseling :- Yes  No
8. Aadhar No:-
9. Contact No:- Self  Parents
10. Age & Date of Birth: ..... Year.....Month.....Date.....
11. Caste (SC/ST/OBC/GEN)  Sub caste
12. Scholarship Apply :- YES  NO
13. Sex :- 

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>
14. Nationality:- Indian
15. Mention the Trade Name in which Admission Sought:-  
(i) ELECTRICIAN  (ii) FITTER

Affix Recent  
Passport Size  
Photograph  
here

Sl. No	Class	Name of Board	Roll No	Passing Year	Name of School	%
01	X Arts/Sc/Com					
02	XII Arts/Sc/Com					

### (Declaration)

I hereby declare that the information as given above are correct to the best of my knowledge and belief. I further declare that in the event of any information being false or incorrect; my Candidature/Course is liable to be rejected / canceled.

Father/ Guardian

Candidate Signature