



**THDC INDIA LIMITED**  
(A Joint Venture of Govt. of India & Govt. of U.P.)  
(A MINI RATNA COMPANY)

Bhagirathi Bhawan, Pragatipuram, Bypass Road, Rishikesh-249201

**Apprenticeship Trade Applied For : ..... Advt. No. 01/2022**

**A. PERSONAL DETAILS: 1. Name ( as appears in SSC certificate)**

Please put a space between your first name, middle name (if any) and last

2. Name

3. Enrolment/registration no. as Indicated in web portal   
[www.apprenticeshipindia.org](http://www.apprenticeshipindia.org)

4. Father's Name

4. Date of Birth  DD  MM  YYYY

5. Age as on closing  Yr  Month  Days  date Sex: (Write )

6. State of Domicile

7. Name of Tehsil:

**B. CORRESPONDENCE ADDRESS:**

City/ Town:  State  Pin Code

E-Mail Id :  Telephone Number

**C. PERMANENT ADDRESS:**

City/ Town:  State  Pin Code

E-Mail Id :  Mobile Number

**ACADEMIC PERFORMANCE:**

**Basic Qualification – Matriculation onwards :**

Exam Passed	Institution/ University/ Board	Subjects studied/Branch of Specialization	Duration of Study	Month & Year of passing (MM/YYYY)	Aggregate % of Marks*	Full Time/ Part Time/Correspondence

**1. Professional Qualifications (ITI Qualification) (Please mention qualification which make you eligible )**

Exam Passed	Institution/ University/ Board	Subjects studied/Branch of Specialization	Duration of Study	Month & Year of passing (MM/YYYY)	Aggregate % of Marks*	Full Time/ Part Time/Correspondence

\*If is any Cumulative Grade Average (CGPA)/ please convert it to % of Marks) and enclose conversion certificate.

D. Category:  GEN/SC/ST/OBC/Ex-ser

E.Are you physically handicapped (Yes/ No?)

If yes please mention the details as follows: Type of handicapped: 

VH	HH	OH
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Extent of disability as specified in the disability certificate:

**F.** Have you ever been convicted by any court of law or any disciplinary proceedings/enquiry is pending against you or any penalty has been imposed upon you? If yes, give details. **YES/NO**

G. Have you undergone apprenticeship training earlier? Yes/ No

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H. Do you belong to Doob Kshetra/Partial Doob Kshetra/Project Affected Family.  
(If yes enclosed certificate as proof.)

**Declaration:**

I affirm that the information given in this application is true and correct to the best of my knowledge and belief. I further undertake that if at any stage it is discovered that an attempt has been made by me, will fully to conceal or misrepresent the facts, my candidature/ appointment shall be summarily rejected or terminated without any notice.

Date:.....

Signature:.....

Place: .....

Name: .....

**Enclosure:**

1. Proof of SC/ST/OBC/PWD/Ex- Servicemen/State Domicile Certificate. In case of OBC, Non- Creamy Layer Certificate – if applicable.
2. The candidates should also enclose attested/self- attested certificates in support of age, educational qualifications, Mark sheets, experience certificate etc. along with their applications.
3. Certificate of Domicile issued by Competent Authority.