



**ITI LIMITED**  
(A Government of India Undertaking),  
CORPORATE OFFICE, BENGALURU – 560016

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passport size  
photograph here  
[Do not staple]

**APPLICATION FORM**

**INSTRUCTIONS:**

- a) All columns should be filled in BLOCK LETTERS
- b) Incomplete applications/applications without enclosures will be rejected
- c) Please tick whichever is applicable

<b>Source/ Mode of Recruitment</b>	<b>Walk-in at ITI Limited, Corporate Office, Bengaluru</b>					
<b>Reg. No./Roll No./ Enrollment No.</b>						
1. NAME *						
2. FATHER'S NAME						
3. DATE OF BIRTH	DD	MM		YYYY		
4. AGE (As on date of interview)						
5. GENDER (Tick whichever appropriate)	MALE			FEMALE		
6. MARITAL STATUS:	MARRIED			UNMARRIED		
7. INDICATE THE CATEGORY YOU BELONG TO:	GEN	EWS	SC	ST	OBC	OBC-NCL
b) Whether Physically Challenged	YES				NO	
c) If YES, mention the category of disability:	VH	OH		HH		
d) Percentage of disability						
8. NATIONALITY						
9. RELATIVES IF ANY IN ITI LIMITED	YES / NO					
If YES, state his/her details	NAME & ST.NO.		RELATION	PLANT/ OFFICE		

<b>10. ADDRESS</b>					
LOCAL:			PERMANENT:		
11. MOBILE NO*:				Alt Contact No. :	
12. TELEPHONE NO WITH STD CODE					
13. E-MAIL ID *					
14. LANGUAGES KNOWN: (HIGHLIGHT MOTHER TONGUE)		READ	WRITE	SPEAK	
15. ACADEMIC QUALIFICATIONS: (Starting from Matriculation)					
EXAMN PASSED	Duration of the course	Name of the Institution & University	Branch/Discipline	Month & year of passing	Class / Division obtained with % of marks
SSLC/ Matriculation					
PUC/12 <sup>th</sup> standard					
Graduation/Others (Please specify)					
Other Qualification					

**16. MARKS SECURED IN CMA:**

Course Name	Month & Year of passing	Total Marks secured out of 400	Percentage of marks
CMA-INTER *			
CMA-FINAL			

17. Brief sketch not exceeding 200 words about your achievements: (separate sheet may be enclosed as Annexure)	
<b>DECLARATION</b>	
I, the undersigned hereby certify that the information furnished above is true to the best of my knowledge and belief. In the event of any information being found incorrect / false, I am liable for such action as the Company may determine.	
Place : .....	.....
Date : .....	<b>SIGNATURE OF THE CANDIDATE</b>