

THDC INDIA LIMITED

(A Joint Venture of Govt. of India & Govt. of U.P.)
(A MINI RATNA COMPANY)

Bhagirathi Bhawan, Pragatipuram, Byepass Road, Rishikesh-249201

Advt. No. 01/2020							
Apprenticeship Trade Applied For :							
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							
4. Father's Name							
4. Date of Birth DD MM YYYY							
5. Age as on closing Yr Month Days date Sex: (Write Mo of F							
6. State of Domicile:							
7. Name of Tehsil:							
B. CORRESPONDENCE ADDRESS:							
City/ Town: Pin Code							
E-Mail Id: Telephone Number							
C. PERMANENT ADDRESS:							
City/ Town: State Pin Code							
E-Mail Id : Telephone Number							
Tehsil Mobile No. :							
ACADEMIC PERFORMANCE:							
Basic Qualification – Matriculation onwards :							
a little of Park							
Exam Institution/ Subjects Duration Month & Year Aggregate % Full Time/Part Passed University/ studied/Branch of Study of passing of Marks* Time/Correspondence Board of Specialization (MM/YYYY))							
and the second s							

rofessi Exam Passed	onal Qualifica Institution/ University/ Board	Subjects studied/Branch of Specialization	Duration of Study	Month & Year of passing (MM/YYYY))	Aggregate % of Marks*	hich make you eligible Full Time/ Part Time/Correspondence
elf is a	ny Cumulative	e Grade Average (CGPA)/ plea	ase convert it to	% of Marks)	and enclose conversion
ertifica	ite.	G	EN/SC/ST/C	BC/Ex-ser		,
. Are y	ou physically	handicapped (Yes,	ows:	Type of handi	cap:	VH HH OH
				tificate:		
		s specified in the d		ar any discir	olinary procee	edings/enquiry is pend S/NO
G. Hav	e you ever be you or any p	en convicted by a enalty has been in	nposed upo	n you? If yes, giv	e details. YE	s/NO
H. Ha	ve you underg	gone apprenticeshi	p training e	arlier? Yes/ No .		d Family (If yes
G. D	o you belong sed certificate	g to Doob Kshetr as proof.)	a/Partial Do	oob Kshetra/Pro	oject Affecte	d Family. (If yes
Decla	ration:				nd correct to	o the best of my
know	ledge and bel	nformation given i ief. I further unde y me, will fully t be summarily rejec	o conceal	or misrepresen	t the facts,	o the best of my d that an attempt my candidature/
Date:	Signature:					
Place	:			Name		
Encl	osure:					
Cr	eamy Layer Ce	OBC/PWD/Ex- Serv ertificate – if applica should also enclose	able.			
ec ap	lucational qua polications.	lifications, Markshe	eets, experie	ence certificate e		
3. C	ertificate of Do	omicile issued by Co	ompetent A	uthority.		