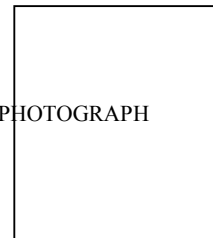


APPLICATION FORM FOR ADMISSION TO ADVANCED DIPLOMA IN
“MANUFACTURING TECHNOLOGY (VOCATIONAL)”

PHOTOGRAPH



1. Name of the Candidate : _____
2. Father's Name : _____
3. Mother's Name : _____
4. Aadhar (UID) No. : _____
5. Date of Birth : _____
6. Category (SC/ST/OBC/GENERAL)_ : _____
7. Correspondence address (with PIN Code) : _____
_____ Pin Code _____
8. E-mail address : _____
9. Mobile No. (Contact No.) : _____

10. Academic Qualification (Enclose Xerox copies):-

Qualification	Name of Board/University	Subject	Year of Passing	% of Marks	ITI Certificate No.
10 th /SSC					
12 th / HSC					
BA/B.Com./B. Sc.					

11. Technical Qualification(Enclose Xerox copies):-

Technical Qualification	Name of Training Institute / Board / University	Subject / Trade	Year of Passing	% of Marks	Certificate No.
ITI					
NAC					
Diploma					
BE /B.Tech					

I declare that above information is true and correct.

Place: _____
Date : _____

Signature of Candidate : _____
Name: _____

- Note:-1. Kindly attached a self attested copy of each SSC, HSC, ITI Mark Sheet, Caste certificate, D.O.B. Certificate, Aadhar Card etc. along with the application.
2. Application may be submitted to The Director, National Skill Training Institute (NSTI), V.N. Purav Marg, Sion(E), Mumbai - 400 022 either by Speed Post or e-mail to nsimumbai@nic.in .
3. Last Date for submission of Application is :-



NATIONAL SKILL TRAINING INSTITUTE, SION, MUMBAI -400 022
MIS PORTAL FORM

PHOTOGRAPH

Form for Registration for Advance Diploma in
MANUFACTURING TECHNOLOGY (VOCATIONAL)

1. Name of the candidate : _____
2. Father Name : _____
3. Married/ Single. _____ 3(a). Mother Name: _____
4. Aadhar Card NO.(Enclose Xerox copy) : _____
5. Email ID: _____ Mob. No. _____
6. Date of Birth : _____
7. Whether SC/ST/PH/OBC/General : _____
(Enclosed Xerox copy of SC/ST/OBC)
8. Home Address with PIN CODE & Tel.No : _____

Pin Code: _____ Tel: _____

9. Academic Qualification (Enclose Xerox copies):-

SSC Board Name	SSC Subjects	SSC %	Year of Passing
HSC Board Name	HSC Subjects	HSC %	Year of Passing
BA/B.Com./B. Sc.	Final Year subjects	% of Marks	Year of Passing

10. Technical Qualification(Enclose Xerox copies):-

ITI Name	% of Marks	Training Duration	Year of Passing	ITI Certificate No.
Apprenticeship Training Centre Name	% of Marks	Training Duration	Year of Passing	NAC Certificate No.
Diploma Board Name	% of Marks	Training Duration	Year of Passing	Diploma Certificate No.

This is to certify that the above information submitted by me is correct and I will be liable for any discrepancies found .

Signature of the Instructor/Trainee.

Dated: _____

Name : _____