

**APPLICATION FORM FOR REAPPEARING OF AITT FOR CRAFT INSTRUCTOR UNDER  
CITS EXAM. ( YEARLY PATTERN) : JAN/FEB. / JULY/AUGUST - 20**

To,

The Regional Director,  
National Skill Training Institute,  
Sion, Mumbai-400022.

Recent  
Photograph  
to affixed

Sub:- Application for reappearing of CITS supplementary Exam.(Yearly Pattern)

1. Name of Candidate in Full Block Letters : \_\_\_\_\_
2. Father`s/Husband`s Name : \_\_\_\_\_
3. Mother`s Name : \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_
5. Aadhar Card No.(Enclose Xerox copy) : \_\_\_\_\_
6. Mobile No. \_\_\_\_\_ E-mail : \_\_\_\_\_
7. Married/ Unmarried: \_\_\_\_\_ Male/Female : \_\_\_\_\_
8. Address with PIN CODE & Tel. No : \_\_\_\_\_  
 \_\_\_\_\_  
 Dist:\_\_\_\_\_ State \_\_\_\_\_  
 Pin Code No:\_\_\_\_\_
9. Qualification (NTC/NAC/Diploma,B.E./B.Tech,B.A/B.Com/B.Sc. : \_\_\_\_\_
10. Sponsored by (Private/Deputed) : \_\_\_\_\_
11. If deputed , address of ITI with Pin Code : \_\_\_\_\_
12. Whether SC/ST/PH/OBC/General : \_\_\_\_\_ ( Enclosed copy of certificate)
13. Trade : \_\_\_\_\_ Reg. No./Roll No. : \_\_\_\_\_
14. Training Period/Session : From \_\_\_\_\_ to \_\_\_\_\_
15. Number of chance availed including this Exam : \_\_\_\_\_
16. MIS Portal Registration/ Roll No. : \_\_\_\_\_
17. Subject to reappear for CITS ( 1 Year Pattern) Exam : Please tick( ) the back subject to reappear for exam.

TRADE THEORY		ET		DM-ET		CSA - ET		Trg. Methodology POT		Other
TT	TP	Wks. Cal	ED	Wks. Cal	Wks. Sci.	Voc. SC (T)	Voc. SC (P)	Theory	Practices	

18. CITS Exam Fee: i. For General Candidates : Rs. 200/- for each Semester.  
 ii. For SC/ST Candidates : Rs. 50/- for each Semester.

- Note:- i. Fees can be paid either by Money order/Cash/D.D.  
 ii. Demand Draft should be made in the name of "PAO, MSDE, MUMBAI" payable at Mumbai.  
 iii. Name, Trade and Reg./Roll No. should be mentioned in the Money Order form / back side of Demand Draft.  
 iv. Photo Identity proof like **Aadhar Card** should be enclosed and original card should be shown during examination.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Cashier please accept DD/Cash Rs. \_\_\_\_\_  
 towards CITS supplementary Exam.  
 Trg. Section \_\_\_\_\_

Received Rs. \_\_\_\_\_ vide Receipt No. \_\_\_\_\_  
 dated \_\_\_\_\_  
 Cashier \_\_\_\_\_