



GOVERNMENT OF INDIA
MINISTRY OF SKILL DEVELOPMENT & ENTREPRENEURSHIP
ADVANCED TRAINING INSTITUTE
SION, MUMBAI – 400 022



APPLICATION FORM FOR REGISTRATION : AVTS COURSE

1. Name (In Capital letters) :

2. Participant's Father Name :

3. Male/Female : _____ ST/SC/OBC/Gen/Others: _____ Date of birth/age : _____

4. Address _____
 _____ **Mobile No.(Self)** _____ **Alternate Contact No.** _____

5. E-mail:

6. DD No. _____ Date _____ Rs.100/- Name of Issuing Bank : _____

7. **Academic Qualification** (SSLC/HSC/B.Sc.) & **Technical Qualification** (NTC/NAC/DIPLOMA/DEGREE in Engineering Field):-

Class / Std. Passed	Year of passing	Name of Board / University

8. **Practical Experience :-**

Name of Employer / Organization / Company	Nature of work done/ Designation	From	To

9. **AVTS Short-term Course in which admission is sought** (Separate Application is to be made for each course):-

Name of the Course and code	Duration in Weeks	From	To

10. **For Deputed Candidates :-**

Name of Employer /organization / Institute with address	Designation	Signature of sponsoring authority with stamp

Date : _____ Place : _____ Signature of Applicant _____

NOTE :-

1. SSLC/HSC etc. certificate and aadhar card must be enclosed alongwith Rs.100/- towards the Registration fee in the form of Demand Draft (DD) in favour of **"PAO, MSDE, Mumbai"**.
2. Registration fee Rs.100/- is non refundable.
3. Duly filled in form alongwith copies of certificate etc. and DD may be sent to this office by post/ hand before 30 days of commencement of course

FOR OFFICE USE (Part I)

Registration No.

Date : _____

Recommended / Not Recommended

Section In-charge

Confirmed / Not Confirmed

DDT (AVTS In-charge)

FOR OFFICE USE

(Part -II)

Shri / Mrs. / Miss _____

The following fees is to be collected from him/her.

1. Course Fee : Rs. _____

2. : Rs. _____

3. : Rs. _____

TOTAL : Rs. _____

Signature of Training Assistant (AVTS)

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(PART - III)

To be filled by the Cashier

Received Rs. _____ (Rupees _____)

only on account of (1) to (3) above vide Receipt No. _____ dated _____ .

Signature of Cashier

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To
Name : _____

Address: _____

Pin Code No. _____

To be Filled up by Participant in CAPITAL LETTERS
(Name & Address with Pin Code No.)

