SI.No. \_\_\_\_\_\_\_ Designated Trade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CSIR-NATIONAL AEROSPACE LABORATORIES**

**BENGALURU – 560 017**

**APPLICATION FOR ADMISSION TO NATIONAL APPRENTICESHIP TRAINING**

1. Name :
2. Father’s Name :
3. Date of Birth :
4. Whether belonging to : SC /ST/OBC/EWS/PwD/UR
5. Permanent Postal Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Qualifications :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SI.No** | **Qualification** | **Name & Place of Institute** | **Year of Passing** | **Percentage of Marks** |
| **01.** | **SSLC** |  |  |  |
| **02.** | **ITI** |  |  |  |
| **03.** | **PUC** |  |  |  |

1. Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aadhaar Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, hereby declare that the information furnished above is true to the best of my knowledge and belief.

Date:

Place: Signature of the candidate