

DR. AMBEDKAR INSTITUTE OF TECHNOLOGY FOR HANDICAPPED, U.P., AWADHPURI, KANPUR
Application Form for VTP courses

Ref No.

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 (for office use only) Date

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I PERSONAL DETAILS

A. Candidate's Name										
B. Father's Name										
C. Mother's Name										
D. Religion	Hindu	Sikh	Muslim	Christian	Others					
						E. Sex	M	F		

F. Date of Birth

d	d	m	m	y	y

G. Category

Gen	S/C	S/T	OBC	H. Person with Disability		Yes	No

I Languages known J. Monthly Income (in rupees).....

II EDUCATIONAL DETAIL

A. General Qualification	5 th	8 th	10 th	12		
B. Professional Qualification	NIC	NAC	Diploma	Degree	Post Graduation	Non Professional

III CONTACT DETAILS

	Present Address	Permanent Address
City		
District		
Pin		
State		

Telephone E-mail (optional).....
 Mobile

IV. MES COURSE IN WHICH ADMISSION IS SOUGHT

A. Sector B. Course / Module

V. Details of VTP

Name of Vocational Training Provider.....
 Address

VI. PAYMENT DETAILS FOR TRAINING FEE

Cash / Cheque / DD / IPO No. datedamount (in words.....)
 drawn on (name & address of the bank)

.....
 Signature of the candidate

Ref. No.....

ACKNOWLEDGEMENT

Received application form of dated.....with Amount(cash/cheque/DD/IPO No..... dated

.....
 Authorized Signatory