

ESTD - 1997

SAI KRISH

INDUSTRIAL TRAINING INSTITUTE

(Recognized by Govt. of Karnataka & Affiliated to N.C.V.T New Delhi)

DGET No. 6/10/97/2003 - TC

Krish Bhavan, Smith Rd, Band Line Colony, Oorgum,

Robertsonpet, KGF – 563120. KOLAR

Office Ph No. +91-8153-262802, 265498, 9449466902

APPLICATION FOR ADMISSION

Application No.

Sl. No.	Details of Trainee	
1	Name:	
2	Father's Name:	
3	Date of Birth of Trainee:	
4	Place of Birth:	
5	Sex:	
6	Nationality:	
7	Address	
8	Parents Contact Ph No. 1. Father 2. Mother	1. 3. 2. 4.
9	Parents Occupation:	
10	Religion:	
11	Cast:	
12	Annual Income of Father:	

Qualification:----- Year of Passing : -----

No. of Attempts :----- Medium of Instruction :- English/ Kannada/ Urdu

Marks Secured in Qualifying Examination:

SSLC Total Marks-----Marks Obtained ----- Percentage -----

SCINENCE----- MATHS ----- Total ----- Percentage -----

COURSES:

- | | | |
|--|----------------|-----------|
| 1. Technician Medical Electronics | 2. Electrician | 3. Fitter |
| 4. Aeronautical Structure and Equipment Fitter | | |

INSTRUCTIONS:

1. The application must be filled by the candidate in his own handwriting.
2. Include S S L C & TC Original Certificate with this application.
3. Incomplete application forms will be rejected.
4. The list of selected candidate will be announced on the college notice board.
5. Students claiming stipend may have to attach Cast & Income certificates.
6. The SSLC Original Marks Card & TC will not be returned until the completion of course.
7. If the trainee is discontinued or terminated from the institute, he is liable to pay the prescribed fee for the entire course.

I agree to abide by the Rules and Regulations, maintained discipline of the institute & take Care of the Tools & Equipment handled by me. I will follow the instructions given to me From time to time in Case of any accident in the workshop during working with machines or in the institute premises or Outside, I will not claim any compensation from the institute or staff.

Place:

Signature of applicant

Date:

I agree to pay the prescribed fee for the entire course for which my ward will be admitted. I assure good behavior on my part of my ward.

Place:

Signature of Parents/Guardian

Date:

FOR OFFICE USE ONLY

Trade Allotted: ----- Admission fees Rs.-----

Bill No.----- Date: -----

Roll No. Allotted -----

1. TC : Yes / No 2. Original SSLC Marks Card: Yes/No 3. Cast & Income Certificate: Yes/No

Signature of Principal

Date: