

Form No. \_\_\_\_\_

Customer ID. \_\_\_\_\_



## Student Registration / Admission

Affix Photograph  
(Mandatory)

Name of Training Program : \_\_\_\_\_

(Please read this form carefully before filling details. All the details shall be in Block Letters. Incomplete form shall not be accepted.)

### A. Personal Details :

Name of Candidate : Mr./Ms./Mrs.  First Name  Middle Name  Last Name

Date of Birth :  Age in Years :  Place of Birth

Gender : Transgender  Male  Female  Guardian Type : S/O  D/O  W/O  C/O

Name of Father/Guardian :  First Name  Middle Name  Last Name

Mother's Maiden Name :  Ration Card No. :

Aadhaar Enrollment No. :  Aadhaar (UID) No.:

Caste Category : Gen  OBC  SC  ST  NA

Physical Disability: Yes  No  If yes :  Hearing Impaired  Visually Impaired  Other

Religion : Hindu  Muslim  Christian  Sikh  Buddhist  Jews  Other

Mother Tongue : \_\_\_\_\_ Marital Status :  Single  Married

### B. Contact Details :

Current Address : \_\_\_\_\_  
Taluka : \_\_\_\_\_

District : \_\_\_\_\_ State : \_\_\_\_\_ PIN Code : \_\_\_\_\_

Permanent Address : \_\_\_\_\_  
Taluka : \_\_\_\_\_

District : \_\_\_\_\_ State : \_\_\_\_\_ PIN Code : \_\_\_\_\_

E-mail ID : \_\_\_\_\_

Contact Number : \_\_\_\_\_ Type of Mobile : Smartphone  Other

Mobile Owner. Self  Other  If other, please specify name of Mobile Owner \_\_\_\_\_

### C. Qualification / Training Status :

Pre Training Status :  Fresher  Experienced Previous Experience : Year  Months

Educational Level:  Un Educated  Under Graduate  Graduate  Post Graduate  ITI  Polytechnic  Diploma

Technical Education :  Yes  No Please Specify Qualification : \_\_\_\_\_

Monthly Earning or CTC before Training : Rs.  Below Poverty Line :  Yes  No

Annual Household Income(Rs.) :  Below 96 Thousand  96 Thousand to 2.5 Lakh  2.5 Lakh – 5 Lakh  5 Lakh & Above

Source of information about Training : Website / News Paper / Friends / SMS / Email / Other

### D. Course Details

Interested in taking admission for \_\_\_\_\_ Duration : \_\_\_\_\_

Date of Admission : \_\_\_/\_\_\_/\_\_\_\_\_ Batch Timing : \_\_\_\_\_

Batch Start Date : \_\_\_/\_\_\_/\_\_\_\_\_ Batch End Date : \_\_\_/\_\_\_/\_\_\_\_\_

Total Fees (Amt. in Rs.) \_\_\_\_\_

**Objective of taking admission :**

- a)  Self Employment.  
 b)  Wage Employment.  
 c)  Up-skilling in profession.  
 d)  Value addition in education.  
 e)  Other / No specific reason.

**Fees Details**

Srl.	Receipt No.	Date	Amount (in Rs.)
1			
2			
Total Amount Received			

**Terms & Conditions :**

The terms and conditions mentioned in MITCON's "Student Hand Book" shall be binding on the student.

**E. Declaration :**

I hereby declare that the above information is true. I read and understood MITCON's guidelines mentioned in "Student's Hand Book". I accept the same.

Location :

Date :

Signature of the candidate

**For Office Use Only**

ADM/F/SH/15-16/		Batch No. :		Batch Timing :		Enquiry No. / Book :	
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*NSDCR Registration No.:	<input type="text"/>	*Proposal No. :	<input type="text"/>
*Center ID :	<input type="text"/>	TP Enrollment Number:	<input type="text"/>
Sector Covered : _____			

Above details have been verified and found correct. Candidate is eligible for admission to :

Centre Name / Stamp \_\_\_\_\_

Centre Code : \_\_\_\_\_

Name & Signature of Counselor/Co-ordinator \_\_\_\_\_

### A. Training Status Report

Fee paid by :  Industry Sponsored  State Govt.  Self Paid  CSR

Course ID : \_\_\_\_\_ Course Fee : \_\_\_\_\_ Trainer ID : \_\_\_\_\_

Batch Start Date : \_\_\_\_\_ Batch End Date : \_\_\_\_\_

Attendance (in %) : \_\_\_\_\_ % Grade :  O  A  A1  B  B1  C  C1  D  D1

Certification Date : \_\_\_\_\_ Certificate No. : \_\_\_\_\_

Certificate Name or Award : \_\_\_\_\_

Assessment Date : \_\_\_\_\_ Agency : \_\_\_\_\_

Assessor : \_\_\_\_\_ Certifying Agency : \_\_\_\_\_

Name & Signature of Counselor/Co-ordinator \_\_\_\_\_

Date : / /

### B. Deployment Status Report

Employment Type :  Employed through Partner  Self Employed  Up Skilled  Opted for Higher Studies

Apprenticeship :  Yes  No Proof for Self Employed trainee attached :  Yes  No

Type of Proof attached :  Shop Act License  SSI Registration  Approval Letter of Bank loan

Govt. License / Registration (Pl specify) \_\_\_\_\_

Proof of Up-Skilling provided :  Yes  No Type of Proof :  Employer  Promotion  Increase in salary

Placement Status :  Yes  No Date of Joining : \_\_\_\_\_

Employer Name: \_\_\_\_\_

Name of the Contact Person of Employer : \_\_\_\_\_

Designation of the Contact Person : \_\_\_\_\_ Employer Contact No. : \_\_\_\_\_

Location of Employer : Taluka : \_\_\_\_\_ District : \_\_\_\_\_ State : \_\_\_\_\_

Feedback Collected From Employer :  Satisfied  Not Satisfied  Not Collected

Frequency of Feedback :  Monthly  QTR  Bi-Annually

Placement of work : State : \_\_\_\_\_ District : \_\_\_\_\_

Skilling Category : \_\_\_\_\_

Name & Signature of Counselor/Co-ordinator \_\_\_\_\_

Date : / /

Name & Signature of Placement Officer \_\_\_\_\_

Date : / /

