

THDC INDIA LIMITED

(A Joint Venture of Govt. of India & Govt of U.P.) (A MINI RATNA COMPANY)

Administrative Building, Bhagirathipuram, Tehri, Tehri Garhwal, Úttarakhand -249124

Adv.No.:01/2023-24			Please affix self attested
Apprenticeship Trade Applic	ed For:		passport size photo
Location Applied For:	Tehri	Koteshwar	
A-Personal Details: 1- Name (as appears in SSC certific	cate)		
		between your first name, middle name (if an	
2- Enrolment/registration no. as I www.apprenticeshipindia.org		Setween your mat name, mode name (ii an	y, and last name
3- Father's Name			
4- Date of Birth	D D M M Y	Y Y Y	
5- Age as on Closing	Y	6- Gender : Male	e/ Female
6- State of Domicile			
7- Name of Tehsil			
B- Correspondence Address			
City/Town		State	Pin Code
District		Tehsil	
Contact No.1		Contact No.2	
C- Permanent Address			
City/Town	S	State	Pin Code

ACADEMIC PERFORMANCE:

earlier? Yes/No

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Basic Qualification - Matriculation Onwards:

Exam Passed	Institution / University/Board	Subject Studies/Board	Duration of Study	Month & Year of Passing (MM/YYYY)	Aggregate% of Marks*	Full Time/Part Time/Corresponden
	rofessional Qualifica	ations (ITI Qualifi	cation) (Plea	se Mention qu	ualification wh	ich make you
Exam Passed	Institution / University/Board	Subject Studies/Board	Duration of Study	Month & Year of Passing (MM/YYYY)	Aggregate% of Marks*	Full Time/Part Time/Correspondence
*If is any certificate	Cumulative Grade A	Average (CGPA)/	please conv	ert it to % of M	larks) and Encl	ose conversion
D- Catego	ory:		G	EN/SC/ST/OBC	C/Ex-Ser	
- Are you	u physically handica	pped (Yes/No?)				
f Yes. ple	ase mention the de	tails as Follows:		Тур	e of handicap	ped: VH HH OH
xtent of	disability as specifie	ed in the disabilit	y certificate	:		
=	ou ever been Convid ngainst you or any p	= =			-	= =

H. Do you belong to Doob Kshetra /Partial Doob Kshetra/ Project Affected Family? (If yes enclosed certificate as proof.)

Declaration:

affirm that the information given in this application is true and correct to the best of my knowledge and belief, I further undertake that if at any stage it is discovered that an attempt has been made by me, will fully to conceal or misrepresent the facts, my candidature/ appointment shall be summarily rejected or terminated without any notice.

Date	Signature:
Place:	Name:

Enclosure:

- 1. Proof of SC/ST/OBC/PWD/Ex-Servicemen/ State Domicile Certificate. In case of OBC, Non- Creamy Layer Certificate-if applicable.
- 2. The candidates should also enclose attested/self- attested certificates in support of age, educational qualifications, Mark sheets, Experience certificate etc. along with their applications.
- 3. Certificate of Domicile Issued by Competent Authority.