

# **THDC INDIA LIMITED**

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

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

Adv.No.:01/2023-24				Please affix self attested	
Apprenticeship Trade Applie	ed For:			passport size photo	
Location Applied For:	Tehri	Koteshwar			
A-Personal Details:  1- Name (as appears in SSC certific	rate)				
		ce between your first name, mid	ddle name (if any) a	and last name	
2- Enrolment/registration no. as I www.apprenticeshipindia.org	ndicated in Web Portal				
3- Father's Name					
4- Date of Birth	D D M M Y	YYY			
5- Age as on Closing	Y	6- (	Gender : Male/ F	emale	
6- State of Domicile					
7- Name of Tehsil					
B- Correspondence Address					
City/Town		State		Pin Code	
District		Tehsil			
Contact No.1		Contact No.2		ı	
C- Permanent Address					
City/Town		State		Pin Code	

## **ACADEMIC PERFORMANCE:**

## **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/Correspondence
	rofessional Qualifica	ations (ITI Qualifi	cation) (Plea	ase 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
certificat		verage (CGPA)/				ose conversion
D- Catego E- Are yo	ory:   u physically handica	pped (Yes/No?)	G	EN/SC/ST/OBC	C/Ex-Ser	
-	ease mention the de			7.	e of handicapp	oed: VH HH OH
F. Have y	disability as specific ou ever been Convic against you or any p	cted by any court	of law or ar	ny disciplinary		• •

**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.