**IN-COUNTRY TRAINING REGISTRATION FORM – 2017**

*[IMPORTANT: Complete the Form very carefully. Use CAPITAL LETTERS and LEGIBLE writing]*

1. **Personal information of the applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Applicant** |  | **Sex** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Citizenship ID Card No.** |  |  |  |  |  |  |  |  |  |  |  | **Date of birth** |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Applicant’s Contact number** |
| **Fixed line** |  |  |  |  |  |  |  |  |  | **Mobile No.** |  |  |  |  |  |  |  |  |
| **Email ID:** |

1. **Contact Address: (for use by the office/institute from April – July 2016):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Parent/guardian** |  | **Relationship** |  |

|  |
| --- |
| **Present address** |
|  |
| **Contact No.**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **I have attached the COPY of following documents with this Registration Form as stated:**
2. Academic:
	1. Statement of Marks for class X and XII (For those who completed class XII).
	2. School leaving certificate.

|  |  |  |
| --- | --- | --- |
|  | Date of Application |  |

1. Citizenship ID Card.
2. Security Clearance Application ID No.
3. Medical Certificate (most recent).
4. Any other requirements as per the selection criteria.

***I, hereby confirm that the information I have provided above are correct/accurate. I understand that my application for selection to a program is liable to be rejected in the event the information I provided above is incomplete or incorrect.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  |  | **Signature of the Applicant** |

|  |
| --- |
| ***For official use only:*** |
| Additional documents to be submitted |  |
| Any other comments on the documents submitted |  |

|  |  |  |
| --- | --- | --- |
| **Form received and Registration No. issued by:** | **Registration No.:*****(Number shall be Institute/Date/Serial Number)*** |  |
| **Signature and Name with Date** |