Registration Form

Central Board of Examinations
National Council for Technology and Training, New Delhi

INSTRUCTION

➢ Please fill up the application in capital letter in own handwriting.
➢ Leave a blank cell for space

NAME OF THE CANDIDATE:

GUARDIAN NAME:

GENDER:

MALE ☐   FEMALE ☐

DATE OF BIRTH (DD/MM/YYYY):

PERMANENT ADDRESS:

LAND PHONE NO: **MOBILE NO:**

EDUCATIONAL QUALIFICATIONS:

ACADEMIC	NAME OF COURSE	UNIVERSITY /BOARD	YEAR OF PASSING	GRADE/ PERCENTAGE
SSC/X/Matric				
Highest Educational Qualification				

I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed. I also understand that in case, any of my statements is found untrue during any stage of certification and thereafter, I shall be disqualified and liable for any penal action.

Date: ……………………….

Place:…………………………

Signature of the Candidate

ATC DECLARATION

All the details furnished by Mr./Ms……………………………………………………………………………………....…………………… is checked, found correct and hence recommend him/her to attend the below mentioned courses/programs conducted by National Council for Technology and Training, New Delhi.

Course Code	Course Title

☐ Matriculation certificate copy   ☐ Photo ID card copy   ☐ Passport size photo   ☐ Highest Educational Certificate copy

☐ Community certificate copy

Fees collected:

Rs. ……….……………… (In words………)

_____   _____   _____
ATC code   ATC coordinator Signature   ATC seal

FOR OFFICE USE ONLY

Name of the Candidate:………...

Register No:……………………………….

Fees Received:

Rs. ……….……………… (In words…………………………………………………………...……………………………………………………)

Date: ………/…………/…………….

_____
Office Coordinator Signature   Official Seal