

APPLICATION FOR ADMISSION TO FIRST YEAR OF 3YEAR DIPLOMA
COURSE IN HANDLOOM AND TEXTILE TECHNOLOGY 20 - 20
KHTI GADAG / IIHT SALEM/SPKM IIHT VENKATAGERI / IIHT KANNUR.

- 1) Full name of the applicant :
(in capital letters)
- 2) Aadhar Number :
- 3) Father's Name :
- 4) Mother's Name :
- 5) Address to which communication :
Should be sent (with pin code)

Affix recent
Passport size
Photo

Mobile Number/Phone Number :
with STD code (Compulsory)

E-Mail Address, if any :

6) Date of Birth : Age as on 1.7.20.....

7) Name of the State to which the :
Applicant belongs

8) Whether the applicant belongs to : YES/NO
Weaver's community or engaged
in the weaving profession

9) Whether the applicant belongs to : SC ST
Scheduled Caste/Schedule Tribe

10) Name of the last school or college :
Last attended

11) Year & month of passing SSC/ :
SSLC or Equivalent examination
(If grade system is introduced in 10th
Standard the candidates are required
to submit the actual marks if available)

12) Marks obtained at SSC/SSLC or Equivalent Examination:

| Sl. No | Subjects | Marks Obtained | Maximum Marks | Percentage |
|--------|----------|----------------|---------------|------------|
| 01 | | | | |
| 02 | | | | |
| 03 | | | | |
| 04 | | | | |
| 05 | | | | |
| 06 | | | | |
| | Total | | | |

13) Whether the applicant passed : YES / NO
The qualifying examination

List of Enclosures (as applicable)
(All Copies of certificates should be attested)

- 1) SSC/SSLC (or equivalent examination) marks list
- 2) Transfer Certificate.
- 3) Caste/Community Certificate.
- 4) Weaver's Community Certificate.
- 5) Nativity/Domicile Certificate.
- 6) Proof of age (Birth Certificate or TC)
- 7) Attested Aadhar Xerox copy

We declare that the particulars furnished above are true and correct to the best of our knowledge and belief.

Signature of Father
(or) Guardian

Signature of the applicant

Name in Full

Name in Full With

Place :

Date :

DECLARATION BY APPLICANT

In the event of my being admitted to the Institute I undertake to observe and abide by the disciplinary rules and regulations of the Institute that may be laid down by the Government from time to time during the period of training.

I hereby agree to abide by and satisfy the rules regarding the attendance and if my attendance falls short of the minimum percentage at the end of the year, I shall not claim condonation thereof under any circumstances whatsoever and I may not be permitted to sit for the examination.

Signature of the Applicant

Name and address
of the witness

Signature of the Witness:

CERTIFICATE OF PHYSICAL FITNESS

I have examined Shri/Kum/Smt _____
Whose specimen signature is attested below and certify that the applicant's eye-sight is good that his/her constitution is sound, and that he/she has not bodily disease or mental infirmity unfitting him/her now or likely to incapacitate him/her now or likely to incapacitate him/her in the future for manual work in the workshop or active outdoor service.

Signature of the Registered:
Medical Practitioner

Signature of Applicant:
(Attested)