

Last Date of Form Submission:

Application form fee: Rs.25/-
Application Form No.:



GOVERNMENT OF INDIA
MINISTRY OF SKILL DEVELOPMENT & ENTREPRENEURSHIP
REGIONAL VOCATIONAL TRAINING INSTITUTE FOR WOMEN
KASHINATH DHURU MARG, DADAR(W), MUMBAI-400 028.
Web:www.dget.nic.in Telefax No. 24223962 Email :rvtimum@yahoo.co.in

APPLICATION FORM FOR CTS COURSE

Trade: _____ Semester _____ Registration No.: _____

1. Name of Trainee: _____
(IN CAPITAL LETTERS) (surname) (First Name) (Last name)

2. Name of Father/ Husband: _____

3. Permanent Address : _____
(IN CAPITAL LETTERS) : _____

4. Local Guardians Name : _____

5. Local Address with pincode: _____

6. Contact No. with code : _____

7. Date of Birth : _____

8. Age as on Date : _____

9. Qualification (Academic and Technical)

EXAM PASSED	BOARD / UNIVERSITY	MAX. MARKS	MARKS OBTD.	% OF MARKS	SUBJECT TAKEN
10 th (UNDER 10+2)					
12 th (UNDER 10+2)					
GRADUATION					
OTHERS					

10. Indian Postal Order no. (if application forms received by post): _____

RECEIPT / ACKNOWLEDGEMENT

Registration No. : _____ Application No. : _____

Received Rs.50/- (Rupees Fifty only) by cash/P.O. against Registration fees along with the application form in respect of Kum./ Smt. _____ Merit/ Waiting List will be

displayed on Notice Board on _____ at the Institute.

Signature of Official

11. Category : _____

(A) Category which belongs to

(Tick mark in appropriate box & Enclose
copy of the certificate issued by the
competent Authority. By Tahsildar for SC & ST.
OBC candidates should submit Non Criminal certificate)

- UR-Unreserved
- SC-Scheduled Caste
- ST-Scheduled Tribe
- PH-Physically Handicapped
- EX-Servicemen
- SW-Staffward
- O.B.C. –Other Backward Classes

(B) For Ex-Servicemen Category

If yes.(Tick mark in appropriate box
& attach attested certificate issued by the
Competent Authority)

- Ward of deceased / disable Ex-Servicemen
- Ward of Ex-Servicemen
- Ward of serving Jawans/Officer
- Ward of Jawans killed in action

12. List of Enclosures

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Signature of Parent / Spouse / Guardian

Signature of Applicant

Name _____

Name _____

Note : (Self Attested copies of proof of Qualification be submitted).