

Admission Application Form

Skill Development Centre
An Initiative of Rotary Southend Charitable Trust
In collaboration with
Department of Training & Technical Education
Government of N.C.T. of Delhi

For office Use only

Registration No.
No. of enclosure
Marks of Qualifying Exam
.

Course Allotted
Category.....
Sign.Admission I/c.....

**Paste self
authenticated
recent colour
passport size
photograph**

Name of Applicant (Sh./Ms.) (in block letters) as per school certificate.

.....

1. Father's/Guardian's Name (Sh./Ms.)(in block letters)) as per school certificate.

.....

(i) Occupation (ii) Annual Income

3. Date of Birth/...../.....

4. Course applied for :

5. Nationality

6. Religion Category: General/SC/ST/OBC.....

7. Gender Marital status: Married / Unmarried

8. Aadhaar Card Number (Mandatory):.....

9. Mobile/Phone No. (Mandatory):.....

10. Parents Mobile/Phone No. (Mandatory):.....

11. E-mail ID of parent.....:

12. Permanent Address:

.....City.....State.....Pin code.....

13. Local Address

.....City.....State.....Pin code.....

14. E-mail id.....

15. Details of Exam Passed (attach self attested photocopies of the certificates/mark sheets)

S. No.	Examination Passed	Year of Passing	School/Board/ University	Subjects	Max. Marks	Marks Obtained	Aggregate % of Marks
1.							
2.							
3							

Declaration: -

1. I declare that the particulars given in the Application form are correct to the best of my knowledge and belief. Certificates and mark sheets submitted by me are genuine. If at any stage, any information(s)/document(s) is found to be false/faked. I am liable to be discharged from the Institute/penalized by withholding/declaring result invalid & liable for prosecution under Indian Penal Code.
2. I shall abide by the rules and regulations of the Skill Development Centre run by Rotary Southend Charitable Trust & Government of N.C.T. of Delhi Department of Training & Technical Education, observe discipline and punctuality, shall not take part and associate myself with activities of any outside agency. I am liable for any disciplinary action by the authorities in case I fail to comply with the above.

.....
(Signature of Parent/Guardian)

.....
(Name of the Parent/Guardian)

Dated:

.....
(Signature of Applicant)

.....
(Name of the Applicant)

Notes: -

- 1 Applicant must read the Admission Notice carefully before filling up the Application Form.
- 2 Quote Registration number as reference for any further correspondence
- 3 Applicants have to submit the filled Application form at the Admission centre at Skill Development Centre of Rotary Southend Charitable Trust, Veer Savarkar Basic Training Institute, at Pusa New Delhi- 110 012.
- 4 In the absence of complete documents/certificates the Application form will be rejected summarily And no plea whatsoever will be entertained.
- 5 A certificate of equivalency from the approved board by the applicant is to be produced if applicable.

Check list of Self Authenticated photocopies of the enclosures: (tick the box)

- | | |
|--|--------------------------|
| 1. Date of Birth Certificate (School Certificate/Mark sheet). | <input type="checkbox"/> |
| 2. SC/ST/OBC Certificate | <input type="checkbox"/> |
| 3. Mark sheet of the qualifying Examination (8 th /10 th / 12 th). | <input type="checkbox"/> |
| 4. The certificate of Disability from the competent Authority Board (VRC, Karkarduma, Delhi) | <input type="checkbox"/> |
| 5. If applicable. | <input type="checkbox"/> |
| 6. Aadhaar Card | <input type="checkbox"/> |
| 7. Any other relevant document attached _____ | <input type="checkbox"/> |

(To be submitted at the time of Admission)

FORM OF MEDICAL CERTIFICATE

(To be signed by Registered Medical Practitioner)

I certify that I have carefully examined Sh./Smt./Km.....
son/daughter/wife of Shri whose signature is given below. As a result
of his/her examination, I certify that nothing adverse has been found which may disqualify
him/her from admission to a technical institution under the Government of Delhi.

I have to further add that:–

1. His/her eyes appear to be:.....
2. His/her heart & lungs are clear:.....
3. His/her weight is:.....
4. His/her height is:.....
5. He/she does not wear glass/wear glass with vision :.....
6. He/she has not had any disease, mentally and bodily infirmity, which will make him/her
unfit in the near future for an active life and training.

Mark of identification:

Signature of the candidate:.....

Name & Signature of the Medical Officer
with seal & Registration No.....

(To be submitted at the time of Admission)

CHARACTER CERTIFICATE

Certified that I know Sh./Smt./Km

Son/daughter/wife of Shri.....

Resident of from the last

.....years.....months to the best of my knowledge and belief. He/ She bears

A good moral character and is of.....nationality.

It is also to certify that Sh./Smt./Km.....

is not related to me.

Place:-

Dated:-

Signature

.....
Name (in Capital Letters)

.....
Designation & Address with Stamp

Note: This certificate should be attested by any Gazetted Officer.

(To be submitted at the time of Admission)

UNDERTAKING ON PROHIBITION OF RAGGING**(By candidate)**

I, _____ son/daughter/wife of Shri _____ resident of _____ hereby declare that I am aware of the law regarding prohibition of ragging as well as the punishments, and that, if found guilty of the offence of ragging and/or abetting ragging, I am liable to be punished appropriately.

Place: _____ Signature of the Candidate.....

Dated: _____ Name of the candidate:

.....
(By Parent/Guardian)

I, _____ Father/Guardian of Mr./Ms. _____ resident of _____ hereby

Declare that I am aware of the law regarding prohibition of ragging and I agree to abide by the punishment meted out to my ward in case the latter is found guilty of ragging.

Place:.....

Dated:.....

Signature of Parent/Guardian.....

Name of Parent/Guardian.....

(To be submitted at the time of Admission)

UNDERTAKING

1. I am liable to be struck off from the roll of Skill Centre without notice in case I remain absent for 10 consecutive days without information / sanction of leave, unsatisfactory progress in the training, short of attendance below 50%, committing breach of discipline in the Institute.
2. I shall have no objection in attending Institution as per the existing or changed timing by the institute as per shift timing.
3. I shall maintain at least 80% attendance for making me eligible for appearing in the examination.
4. I will not carry/use mobile phone in the Skill Centre.
5. If I bring my Mobile Phone in Skill Centre, It will be Kept in locker for the day
6. I, hereby, declare that I am aware of the law regarding prohibition of ragging as well as the punishments, and that, if found guilty of the offence of ragging and/or abetting ragging, I am liable to be punished as per guideline issued by the honorable Supreme Court of India.
7. In case of any accident, mishappening or riots I/we will not blame the Skill Centre responsible for the same.
8. In case, I/we fail to abide myself as stated above, the Principal / Head of the Skill Centre is empowered to take necessary disciplinary action against me as per rules.

Yours faithfully,

Dated:–

.....
(Full Signature of Parent/Guardian)

Mobile No.....

Name:.....
(Block Letters)

Relation with candidate

.....
(Full Signature of the Candidate)

Mobile No.....

Name:.....
(Block Letters)

Course

PARENT CONSENT FORM

I,..... Father/Guardian of Mr./Msresident
Of..... hereby
affirm that My son/Daughter is admitted to the programme in
at Skill Development Center. I have no objection to send my child at Skill
Development Center, and our area does not come under Containment Zone.

Date:

.....
(Full Signature of Parent/Guardian)
Mobile No.....
Name:.....
Relation with candidate.....

.....
(Full Signature of the candidate)
Mobile No.....
Name:.....
Course.....