INDIAN INSTITUTE OF CARPET TECHNOLOGY

Under the aegis of the Development Commissioner (HC), Ministry of Textiles Govt. of India

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SL.No:
क्रम संख्या:
Roll No. :
अनुक्रमाक :

Carpet & Textile Design with CAD
6 months Short term Training

for office use only

Training period for Group A
16/10/2017 to 15/04/2018 Group A

Training period for Group B
16/04/2018 to 15/10/2018 Group B

Affix
Self Attested
Passport Size
Recent
Photograph

Name of Candidate:
आवेदक का नाम

Father's / Husband's Name:
पिता / पति का नाम

Date of Birth:
जन्म दिनांक
D D M M Y Y Y Y

Age/उम्र

Address (Local):.
पता (वर्तमान)

Address (Permanent):
पता (स्थायी)

Ph. No. / Mobile / Fax / E-mail:
फोन न०

Aadhar Card No.:
आधार कार्ड न०

Present Occupation:
वर्तमान व्यवसाय

Educational Qualification:
शैक्षणिक योग्यताए

Other Qualification:.
अन्य योग्यताए

Are you working independently?:.....If Yes, for how many Years:.....
क्या आप स्वतन्त्र रुप से कार्य कर रहे है । यदि हां तो कितने वर्ष से

If you are working for the Exporter (S): Give the Name & Address:.....
यदि आप निर्यातको के लिये कार्य कर रहे हैं तो उनका नाम / पता :.....

Experience Certificate :. .....
(Please attach copy of document)

Declaration :

I have gone though the Instructions & abide by the above.
I declare that the information is correct & complete to the best of my knowledge and nothing has been concealed/distorted.

Date: .....

Place: .....

Sign of Candidate