



# INDIAN INSTITUTE OF CARPET TECHNOLOGY

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

Chauri Road, S.R.N. BHADOHI-221401(U.P.)

Phone: +91 8756354511 e-mail : cad.iiict@gmail.com, Website: http://iiict.ac.in

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## Admission Form

### Short Term Training Program(STTP)

SL.No:   
क्रम संख्या:

Course Name: .....  
Course Code: .....

Name of Candidate:   
आवेदक का नाम

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

Date of Birth:       Age/उम्र    
जन्म दिनांक D D M M Y Y Y Y

Home Address :   
आवास

Office Address :   
कार्यालय का पता

Mobile No. /WhatsApp No.   
फोन नं०/ व्हाट्सएप नं०

Aadhar Card No.:        
आधार कार्ड नं०

Present Occupation:   
वर्तमान व्यवसाय

Educational Qualification:   
शैक्षणिक योग्यताए

Work Experience : .....  
अनुभव प्रमाणपत्र : .....

(Please attach copy of document )  
(कृपया प्रमाणपत्र की प्रति संलग्न करें )

#### Declaration :

I declare that the information is correct & complete to the best of my knowledge and nothing has been concealed/distorted.  
घोषणा: मैं घोषणा करता हूँ कि उपरोक्त जानकारी मेरे अनुसार सही है और कुछ भी छुपाया / विकृत नहीं किया गया है।

Date: ...../...../202...

Place: .....

Sign of Candidate

#### For Office use only

Received Application for STTP ..... Application Sl. No. .... Dated.....with Application money of  
Rs. .... (In words).....from  
Mr./Ms.....

Sign of Coordinator