

DURATION OF COURSE : SIX MONTHS

Name of ITI/ITC*:

STATE /UT:

Name of the Trade*:

Session* FROM _____ TO _____

S.No.	Student Name*	Father's Name*	Date Of Birth*	ADDRESS*	Male/ Female	Category SC/ST/ OBC	Qualification at entry Level	%age	DGE&T Affiliation No.*	Number of Units	Exam held/Passed		Result Pass/Fail
											Month*	Year*	
1	2	3	4	5	6	7	8	9	10	11	12#	13#	14#
1													
2													
3													
4													
5													

* NOTE all the information marked with * will be used for printing of Certificate, therefore give this information carefully.

#Column 12-14 : To be filled in 2nd Stage.

5