



**CENTER FOR INVENTION, INNOVATION, INCUBATION & TRAINING (CIIT)
GOVT POLYTECHNIC COLLEGE JAMMU
DIRECTORATE OF SKILL DEVELOPMENT DEPARTMENT, UT OF J&K.**

CIIT-JAMMU ADMISSION FORM
(write in CAPITAL letters only)

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ENROLMENT NO (for office use only)

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COURSE NAME

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COURSE CODE

Please affix your recent passport size coloured photograph and sign across

1. NAME OF THE APPLICANT

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2. GENDER (✓ Tick) Male **Female** **3. DATE OF BIRTH**

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4. a) NATIONALITY

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b) MOTHER TONGUE

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c) RELIGION

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d) STATE/U. T

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e) CATEGORY (✓ Tick) GEN **SC** **ST** **RBA** **OSC** **ALC** **Other** _____

5. DURATION OF COURSE (✓ Tick) 04 Week **06 Week** **03 Months** **Full Semester**

6. MOTHER'S NAME

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7. FATHER'S NAME

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8. PERMANENT ADDRESS (DO NOT REPEAT NAME)

DISTRICT _____ STATE/UT _____ PIN CODE _____

9. ADDRESS FOR CORRESPONDENCE-PARENT/GUARDIAN (IF DIFFERENT FROM)

DISTRICT _____ STATE/UT _____ PIN CODE _____

10. CONTACT DETAILS

Country _____ Mobile/Phone _____ E-MAIL _____

11. DETAILS OF EDUCATIONAL QUALIFICATION (from 10th standard onwards)

S. No	Name of the Qualification (10 th /12 th /POLYTECHNIC/ITI /Graduation/PG/Others)	Year of Passing	Name of the School/College Studied	Name of the University/ Board	% Obtained
1					
2					
3					
4					

12. NAME OF THE ORGANIZATION & ADDRESS (FOR WORKING PROFESSIONALS/FACULTIES ONLY)

DESIGNATION (FOR WORKING PROFESSIONALS/FACULTIES) _____

13. FEE DETAILS (ONCE FEE SUBMITTED SHALL NOT BE REFUNDED, IN ANY CIRCUMSTANCES)

- Name of Account Holder: **CIIT JAMMU.**
- Bank & Branch: **J&K Bank, Nehru Market, Jammu**
- Account No.: **0434 0102 00000 033**
- IFSC Code: **JAKA0NEHROO**

AMOUNT PAID (in Rs)	DATE OF FEE RECEIPT	TRANSACTION NO.

DECLARATION

I, _____ hereby affirm that the particulars given in this application form are true and correct to the best of my knowledge. If it is found at any stage that there is suppression, distortion, incorrect or false statement of data, I am aware that this way may lead to my dismissal from CIIT and I would also be liable to make any loss that may be caused due to covert action. I shall not claim the fees of the course after submitting. I also agree that I would lose all rights and claims consequently whatsoever.

DATE:

SIGNATURE OF THE APPLICANT:

PLACE:

NAME:

SIGNATURE: