

Document Verification Form Apprenticeship Engagement 2023-24



Email ID (in capital letters): _____

Full Name (As per SSC Mark sheet): _____

Full Address: _____

NATS/NAPS Regi. Number: _____

Mob.1 _____ Mob.2: _____

Educational Details	Graduate (Passed out after Sept 2020 can only apply)		Diploma (Passed out after Sept 2020 can only apply)	ITI
	Course	Branch		
Branch /Trade				
Month & Year of Passing	Month: Year:		Month: Year:	Month: Year:
% As per University Certificate				
10 th % As per Board Certificate				

*Convert CGPA/SGPA into percentage also mentioned formula of conversion as per university _____

Tick Under proper category					
General/Open	OBC	SC	ST	PWD (Person with Disability)	HAL Ward (Son/Daughter)
EWS/Income Certificate	Non Creamy layer Certificate	Caste Certificate	Caste Certificate	% of Disability	MSI Card

Undertaking

To,
DGM,
Training and Skill Development,

During document verification I was not able to bring the following original documents due to (reason)... _____

Name of the documents:

- _____
- _____
- _____
- _____

In case of shortlisting, I will produce the original documents at the time of joining.

I hereby declare that the information given in this form is true to the best of my knowledge and belief.

Suppression of any information will be entailed to disqualify from the process of appointment.

Candidate's Signature:

Date:



Checked by:

Name: