| Hi-Tech Institute of Information Technology | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------|--------------|------|-------------------------|----------|----------|---------|--------------------------|-----------------|---|----|-------------|----------|-----------------------------------------|--------------------|-----|---------|---|--|--|
| PMKVY (ESDM) | | | | | | | | | | | | | Plz paste a passport size photograph | | | | | | |
| Sector Skill Council | = | Т | S | S | С | | | Е | S | D | М | | Self attested | | | | | | |
| JOB ROLE | | | | | | | | | | | | | | | | | | | |
| NSDC REG. NO. | | | | | | | | | | | | | | | | | | | |
| SDMS STUDENT ENROLLMENT NO | | | | | | | | | | | | | | | | | | | |
| CENTER NAME | | | | | | | | | | | | | | | | | | | |
| CENTER ID | | | | | | | | | | | | | | | | | | | |
| Salutation (V) | | | | Mr. | | | | Ms. | | | | | Mrs. | | | | | | |
| FIRST NAME | | | | | | | | | | | | | | | | | | | |
| MIDDLE N | IAME | | | | | \Box | | | | | | | | | | | | | |
| LASTNA | ME | | | | | | | | | | | | | | | | | | |
| Aadhar | Aadhar No | | | | | | | | | | | | | | | | | | |
| Gender (| Gender (√) | | | М | F | Cas | te Cat | egor | G | en | Of | ВС | SC | ST | PH | N | Α | | |
| Religion (V) | | | | | Hindu | | 1 | Muslim | | | Christian | | | Others (Specify) | | | | | |
| Date of Birth | | | | | | | | | | | | | | | | | | | |
| E - Mail Ad | ldress | ; | | | | | | | | | | | | | | | | | |
| Mobile | | | | | | | | | | | | | | | | | | | |
| Guardian Type (√) | | | | | S | /0 | <u> </u> | D/O | | | | W/O | | | C/O | | | | |
| Guardian Name | | | | | | | | | | | | | | | | | | | |
| Mother Name | | | | | | | | | | | | | | | | | | | |
| Pre Training Status (√) | | | | F | reshe | er | ı | Experienced yea | | | | ears o | s of experience | | | | | | |
| Education Level(V) | | | | 5t | :h to 8 | 3th | 9th to 10th | | | 11 | 11th to 12t | | | UG GR PG | | Diploma | | | |
| Technical Educatio (√) | | | | YES | NO | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Trainee Addres W | ith Pl | N Co | de | | | | 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| State | | | | District | | | | | | | | <u> </u> | City | | | | | | |
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| Batch Start Date | | | | | | | T | | | | | | | | | | | | |
| Batch End Date | | | | | | | | | | | | | | | | | | | |
| Course Fee | | | Fee paid by the Trainee | | | | | | | | nee | | | | | | | | |
| Receipt Number | | | | | | Ī | | | | , | | | | | | | | | |
| Receipt Date | | | | | <u> </u> | | <u>I</u> | | | | | | | | | | | | |
| Date Place | | | | <u> </u> | | | (Trainee's Signature) (C | | | | | (Cer | Centre Director – Signature) | | | | | | |
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