Annexure ‘A’

**APPLICATION FORM FOR APPRENTICESHIP** **at INMAS Delhi**

**Advt. No. INMAS/HRD/APPR-01/2023-24**

**SUBJECT** (in specialisation)(Tick any one): B.Sc./B.Pharma/B.L.I.Sc./Diploma

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name (in BLOCK LETTERS) | |  | | | | Photo  (Self Attested) | |
|  | Apprentice Category | | (Graduate/ Technician Apprentice) | | | |
|  | NATS Registration/ Enrollment No. | |  | | | |
|  | Father’s Name | |  | | | |
|  | Gender (M/F/Others) | |  | | | |
|  | Category : SC/ST/OBC/Gen | |  | | | |
|  | Aadhar Card No. | |  | | | |
|  | Date of Birth/Age | | Years: Months: Days: | | | | | |
|  | Correspondence Address | |  | | | | | |
|  | Permanent address | |  | | | | | |
|  | Phone/Mobile No. | |  | | | | | |
|  | Email ID | |  | | | | | |
|  | Education qualification (in chronological order). **Self attested copies to be enclosed** | | | | | | | |
| Sl. No | Examination/ Degree | Board/ University | | Subject | Year of Passing | % Marks | | Division/Class |
|  |  |  | |  |  |  | |  |
|  |  |  | |  |  |  | |  |
|  |  |  | |  |  |  | |  |
| Declaration :  I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my candidature / appointment shall be liable to cancellation / termination without notice or any compensation in lieu thereof. | | | | | | | | |

Place:

Date: (Signature of the applicant)

List of enclosures:

1.

2.

3.

4.

**(Note: - Application should be submitted in typed format and hand written application will be summarily rejected)**